



ZOGHORI REGULATED NON-WDT SACCO SOCIETY LTD

TILU-BILU BUILDING
1ST FLOOR, LET WING
ALONG DIGO ROAD
OPP. G.P.O. (HUDUMA CENTRE)

P. O. BOX 86838 80100
TEL: 0720 615 062/ 0731273560
Email: zoghorisacco@yahoo.com
info@zoghorisacco.com
website: www.zoghorisacco.com

"Save Regularly, Borrow Wisely, Repay Promptly"

CHILDREN'S SAVINGS ACCOUNT OPENING FORM

(STRICTLY CONFIDENTIAL)

MEMBER PARTICULARS

Member's Full Name:

Membership Number: Identity No.:

CHILD'S PARTICULARS

Child's Surname.....Other Names.....

Date of Birth..... Gender: Tick ☐ Male ☐ Female

CONTACT INFORMATION

P. O. Box..... Post Code.....Town.....

Mobile Phone No..... Other Phone No.....

Email Address.....

Member's Signature.....Date:

Witnessed by: Name (Officer).....Member No:Signature:

REQUIREMENTS

- Photocopy of Birth Certificate/Notification of Birth/Baptism Card
- Photocopy of Members National ID

Come, Let's Build One Another © 2016

TERMS AND CONDITIONS:

- This account helps you to plan for your child's future financial needs e.g. education, health etc.
- The account is for members children below 18 years old.
- The member opens an account for each and every child as he wishes.
- Registration fee is Kshs.200 non-refundable.
- The account name is the child's name, while the parent has the sole mandate to operate it.
- The minimum monthly saving for each account is Ksh.300
- Withdrawals from the account is permitted after every four months provided a balance of Ksh.500 is maintained.
- Withdrawal before four months may be permitted at a charge of Ksh.200 per withdrawal.
- Minimum interest earning balance is Ksh.5,000
- The rate of interest will be 5% per annum
- The account attracts no monthly charges or account maintenance fees.
- Account closing fee is Kshs. 400

(FOR OFFICIAL USE ONLY)

Kshs. 500/- (200+300) Entrance Fee Paid on..... Receipt No:
.....

Date of Admission.....

Date of Cessation:.....

Allocated Account Number: (e.g. ZS.....)

Approved by:.....Signature:.....Date.....

Official Sacco Stamp: