



JAMII SAVINGS AND CREDIT CO-OPERATIVE SOCIETY

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JAMII JUNIOR SAVINGS ACCOUNT.

I hereby on behalf of my child give the following details to operate a Jamii junior account.

Full Names..... Monthly Contribution.....
Member No..... Payroll No.....
Employer..... Terms of Service.....
ID No..... Home Address.....
County..... Work Station.....
Present Address..... Mobile No.....

CHILD/CHILDREN DETAILS

	NAME	DATE OF BIRTH	SEX
1.
2.

NEXT OF KIN

Full Names..... Nominee's ID No.....
Relationship..... Nominees Address.....
Nominees Mobile.....

BASIC RULES AND REGULATIONS

- Minimum Opening Balance Kshs 1,000
- Minimum Monthly Savings Kshs 200
- Minimum book balance Kshs 1,000
- Interest earning balance above Kshs 5,000
- No ledger fees or withdrawal fees on this account
- Account operated by parent/guardian for child up to 18 years
- 3 Withdrawals per year will be allowed

I certify that I have read and understood the above rules and agree to abide by them.

Applicant's Signature..... Date.....

SAVING & INVESTING TOGETHER