

**MWITO SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD.**  
**P.O BOX 56763, 00200 NAIROBI.**  
**TEL: 020- 3505209, 0713 - 786028, 0715 - 555390.**  
**Fax No. 020 - 2414507**  
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**APPLICATION TO THE EDUCATION SAVINGS SCHEME.**

1. Mr. / Mrs. /Ms.....(BLOCK LETTERS).
2. EMPLOYER.....PERSONAL NO.....ID.....
3. P.O BOX .....MOBILE NO: .....  
do hereby apply to be enrolled in the Education Savings Scheme and do agree to abide by the conditions and regulations of the Scheme as fixed by the Managing Committee.
4. I therefore authorize you to deduct Kshs..... Every month with effect from the  
Month of ..... from my salary until further notice.

**SCHEME CONDITIONS**

1. Non refundable entrance fee of Kshs.200
2. The minimum contribution per month is Kshs.1,000
3. Minimum book balance is Kshs.1,000
4. Withdrawal will be allowed only once at the end of the year
5. Interest earned will be credited at the end of the year
6. The appointed nominee for the main Sacco shall be taken to be the nominee for this scheme

Applicants signature .....

Date .....

**FOR OFFICIAL USE ONLY**

Deduction effected w.e.f ..... By ..... Date .....

Authorized by: ..... Date .....