

MWITO DEPOSIT TAKING SACCO LTD.
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APPLICATION TO THE EDUCATION SAVINGS SCHEME.

1. NAME :.....(BLOCK LETTERS).
2. EMPLOYER.....PERSONAL NO.ID.....
3. P.O BOXMOBILE 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.
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. The minimum contribution per month is Kshs.1,000
2. Minimum book balance is Kshs.1,000
3. Withdrawal will be processed upon the member's request
4. Interest earned will be credited at the end of the year
5. The appointed nominee for the main Sacco shall be taken to be the nominee for this scheme

Applicant's signature Date

FOR OFFICIAL USE ONLY

Deduction effected w.e.f By Date

Authorized by: Signature.....Date

Account opened by: Signature.....Date