



ELIMU FOSA FIXED DEPOSIT RECEIPT

Date:

Branch.....

CUSTOMER DETAILS

Name:.....

ID Number..... Mobile No.....

Postal Address.....

Email Address.....

Savac Account Number.....

DEPOSIT DETAILS

Amount to be fixed Ksh.....

In words.....

.....

Terms of Fixed Deposit:

Amount Fixed	Fixed Deposit Period (Months)	Commencement Date (dd-mm-yy)	Maturity Date (dd-mm-yy)	Interest Rate

Note: The interest will be paid net of withholding tax at the prevailing rate according to the Income Tax Act. Interest will be calculated on a monthly basis. The minimum period for a fixed deposit is one month. The minimum fixed deposit amount is Ksh. 10,000

On maturity (Tick as appropriate)

Transfer the principal and interest to my savac Account

Roll over the Principal and interest for a further months

Other instructions

Depositor Signature Date



Elimu House, South B
 Mubiru Road, Off Daidai Road,
 P.O. Box 10073 - 00100 Nairobi, Kenya
 Tel: +254 727 013 047 /+254 739 599 354

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Verification of account details done By: Name..... Signature.....

Amount payable upon maturity

	Kshs
Amount Fixed	
Gross Interest	
Withholding Tax	
Interest Payable (Net of Withholding Tax)	
Total Amount Payable (Amount Fixed and Interest)	

Prepared By: Date:

Confirmed By: Date: