



KHASAKH CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

EDUCATION SAVER REGISTRATION FORM



Member's photo

NAME OF APPLICANT:

RESIDENTIAL ADDRESS:

OCCUPATION:ORGANISATION.....

TEL:EMAIL ADDRESS:

AMOUNT TO SAVE PER MONTH:

PRODUCT	TICK	INTEREST RATE PER ANNUM	MATURITY PERIOD	AMOUNT TO SAVE MONTHLY
EDUCATION SAVER				
• SHORT TERM SAVER		5%	2-12 YEARS	
• MEDIUM TERM SAVER		10%	3 YEARS	

I HERE BY COMMIT TO EFFECT MY TARGET MONTHLY REMMITANCE TO KHASAKH EVERY MONTH

NAME.....SIGNATURE.....

DATE: