HQ Serial No.OI/ .....

Bishop Magua House, Fifth Floor
Kiambu(next to ACK St. James Cathedral)
P.O Box 886-00900 Kiambu
Mobile: 0111 033100 / 0719 212730
info@dimkessacco.co.ke

Dimkes DT Sacco
Your faithful financial partner!

APPLICATION /RENEWAL FOR FIXED/CALL DEPOSIT ACCOUNT

PERSONAL DETAILS

Name of Applicant _____ Member No _____

ID No _____ Passport No _____ KRA PIN _____

Mobile No _____ Email Address _____

P.O Box _____ Code _____

Amount (Kshs) _____ in words _____

_____

Required Period _____

How did you Know about our fixed deposit?

☐ Media ☐ Existing Member ☐ Staff ☐ Others

DISCLOSURE OF ACCOUNT INFORMATION TO THIRD PARTIES

The Sacco will keep all your personal data confidential. However, in order to serve your needs and provide you with the services you require, we may share any information you provide to us with our subsidiary company, agents and service provider. By executing this form, you explicitly and voluntarily agree that you have prior informed consent for the sharing of your data with these entities. We will ensure that if we share such information with third parties, any such disclosure is at all times in compliance with our Data Protection Policy and the law.

I/We hereby authorize the Sacco to use My/Our contact details to send information about products and services including but not limited to offers and promotions which may be of interest to me/us. The Sacco may do this by phone, post, email, text or through other digital media.

I/We confirm having understood that my/our personal information provided in this application form shall be processed in accordance with the provision of the Data Protection Act, 2019 or all other applicable laws as may be amended from time to time.

Signed on_____ Month_____ year_____

Name..... Signature..... Date.....

Name..... Signature..... Date.....

Name..... Signature..... Date.....

Name..... Signature..... Date.....

FOR OFFICIAL USE ONLY

Effective Date _____ Maturity Date _____ interest Rate (P.A) _____

Interest rate approved above normal rates _____

Witnessed by _____ Signature _____ Date _____

Verified by _____ Signature _____ Date _____

Approved by _____ Signature _____ Date _____