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**JUNIOR SAVINGS ACCOUNT FORM**

**DETAILS OF MINOR**

AFFIX PHOTO HERE

NAME ………………………………………………………………………………….

DATE OF BIRTH …………………………………………

PHYSICAL/POSTAL ADDRESS………………………………………………

**SELECT AGE GROUP**

0-3 YRS 3-5 YRS 5-12YRS 12-17 YRS

**DETAILS OF PARENT/GUARDIAN**

NAME MR/MRS/MISS/DR/HON/ REV. (AS PER ID.)

…………………………………………………………………………………….

ID NO…………………………………………

EMAIL ADDRESS……………………………………………………

PHYSICAL/POSTAL ADDRESS………………………………………………

MOBILE NO………………………………………………………….

**CONTRIBUTION DETAILS**

I wish to make a Monthly **CONTRIBUTION OF KSH**……………………….Effective date ……………

Membership Fee and Monthly contribution to be paid to **EDEN PRESBYTERIAN SACCO SOCIETY LTD, EQUITY BANK KIAMBU BRANCH ACCOUNT NO. 0640274213502 OR MPESA PAYBILL BS NO. 524139; ACCOUNT NO. YOUR NAME**

**DECLARATION**

I confirm that the information given above is true to the best of my knowledge. I agree to abide by the bylaws of the society

Applicant’s signature…………………………………………. Date……………………

**REQUIREMENTS**

* Photocopy of Birth Certificate/Baptism Card
* Photocopy of parent’s/guardian’s ID/Passport
* 2 passport size photos of the minor

**NOTES**

* This account helps you to nurture the saving culture at a tender age
* The account is for children below 18 years old
* Registration is Ksh 1,000
* Share Capital is Ksh 3,000
* Minimum monthly savings Ksh 500
* The account qualifies for all loans
* The account qualifies to guarantee all loans