

# GLORY COOPERATIVE SAVINGS AND CREDIT SOCIETY LTD

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FIXED DEPOSIT APPLICATION FORM

*"Your Reason to smile"*

Insert  
Passport Photo  
Here

**FIXED DEPOSIT ACCOUNT FORM**

**DATE**

**PERSONAL INFORMATION**

NAME OF ACUSTOMER

RESIDENTIAL ADDRESS

ADDRESS:

VILLAGE

CONTACT(S):

DISTRICT

**FIXED DEPOSIT AMOUNT(PLEASE TICK)**

<input type="checkbox"/> 200,000	<input type="checkbox"/>	<input type="checkbox"/> 2,000,000	<input type="checkbox"/>
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<input type="checkbox"/> 3,000,000	<input type="checkbox"/>	<input type="checkbox"/> 4,000,000	<input type="checkbox"/>
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Fixed Amount in words:

<input type="checkbox"/> >5,000,000	<input type="checkbox"/>
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**PERIOD OF THE FIXED AMOUNT(PLEASE TICK)**

<input type="checkbox"/> 6 MONTHS (7%)	<input type="checkbox"/>	<input type="checkbox"/> 1 YEAR (15%)	<input type="checkbox"/>
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<input type="checkbox"/> 2 YEARS (40%)	<input type="checkbox"/>
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**NEXT OF KIN DETAILS**

NAME OF NEXT OF KIN

RELATIONSHIP

ADDRESS: RESIDENCE DETAILS

PHONE CONTACT (S)

TEL:

MOBILE

**CLIENT'S SPECIMEN SIGNATURE**

NAME OF APPLICANT

SPECIMEN SIGNATURE

DATE: .....

**FOR OFFICIAL USE ONLY**

NAME OF CUSTOMER

ACCOUNT NUMBER

INTEREST OF THE AMOUNT(please tick):

15%

7%

40%

RECEIVED BY(Name and signature):

REMARKS

OTHER OFFICIAL REMARKS:

SIGNATURE: