

# FIXED DEPOSIT APPLICATION FORM

REF. NUMBER :

Account Number:

Title:  Mr.  Ms.  Mrs.  Other \_\_\_\_\_

Name of Applicant:

(First name)

(Middle Name/Initials)

(Last Name)

Date of Fixed Deposit:

(YYYY/MM/DD)

Mailing Address:

Home Phone:

Work Phone:

Mobile (Cell) Phone:

Fixed Deposit to be made out as follows:

Amount of Fixed Deposit:

Period of Fixed Deposit:

- One Year @ 3% per annum
- Three Years @ 4% per annum compounded
- Three Years @ 3% per annum (Non-Member)

Instructions upon Maturity

- Deposit Interest to Regular Shares
- Deposit Interest to Special Savings
- Capitalize Interest-(Roll over principal & interest)
- Apply Interest to Loan
- Withdraw all (Close Deposit)
- Withdraw Interest Only

Fixed Deposit Certificate

- Please mail certificate
- Please leave certificate in office- I will pick up personally or send for it.

\_\_\_\_\_  
Signature of Depositor      Date

\_\_\_\_\_  
Signature of Receiving Officer      Date

**For Official  
Use Only**

**Date Completed:**

**Date certificate was mailed or collected:**

**Signature of Officer:**