



Term Deposit

New Application form

SL 25

Section 1. Member Details	5				
Membership Number:				Branch Name:	
First Name:			Last Name:		
Nume.			Nume.		
Mobile:			Email:		
Employment Details					
Company Name:					
Date of Employment:			Occupation:		
HR/Pay Office Contact Person:			Phone/Email:		
Postal Address:					
Section 2. Source of Fund	S				
ncsl savings	Salary	y	Sale of Assets	Investments	
Superannuation Other					
Section 3. Identification					
Valid Passport	Valid	Driver's License	NID	nesl ID	
Superannuation ID	Other				
Section 4. Member Declar	ration				
Member is solely responsib stipulated in the certificat		neir intention to e	either close or rollover account 5 day	s prior to the maturity date	
In the absence of any inst (Principal + Interest earne			naturity, ncsl reserves the right to re Maturity date.	invest matured TD	
Member is ineligible to mo	ıke any changes on th	e agreed conditi	ons of the term deposit once it is es	tablished.	
Interest will be calculated month end.	daily and accrued on	the agreed rate	and term; and credited into membe	r's term deposit account at	
Withdrawal prior to matur term deposit, with no app		it will result in th	e forfeiture of both the interest acc	rued and interest credited into	
The minimum opening bal		leposit is K5,000			
Principal:			nature:	Date:	
Term(Days): Interest Rate:					

Office Use Only:		
New Application		Certificate issued & copy attached
Principal:		Interest Frequency:
Term (Days):		Interest Rate:
Term Deposit Account:		Interest Earned At Maturity:
Start Date:		Maturity Date:
Office Use Only:		
Received by:	Date Received:	

Status:

Received & Processed by:

Date Authorized:

Authorized by: