**Education Savings Plan**

**Member Details**

Date……………………………………………………….

First name…………………………. Middle name……………………. Surname……………

Date of birth…………………………………………

Mobile phone number……………………………...

E-mail address………………………………………

Current address………………………………………………………………………………….

**Bank details**

Bank………………………………………………………………...

Branch…………………………………………………………….

Account No………………………………………………………….

Amount ……………………………………………………………..

Payment Mode: CHECK OFF:

**CASH**

**DIRECT DEBIT**

**For official use**

MEMBERSHIP NUMBER……………………………………………………

DATE OF COMMENCEMENT……………………………………………………….

DATE F MATURITY………………………………………………….

APPROVED BY …………………………………………………………………...

Date………………………………………………………………………….

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Tel: (+254) (0)703 013359 **|** Email: manager@smartsavers.co.ke