



DEDZA COMMUNITY SACCO LIMITED.

PO BOX 459, DEDZA.

E-mail: dedzacsacco@gmail.com

Cell: +265 995 49 61 35

FIXED DEPOSIT FACILITY CONTRACT FORM

Date deposited...../...../.....

Amount deposited:

MK.....

MEMBER'S INFORMATION

Book Number:	Employment No:	Phone No:
Bank name:	Account No:	Branch:

Sir Name	First Name	Group Name
Mailing Address	Permanent Address	Address
District	District	District

CURRENT LEDGER BALANCES

Shares K	Deposits K	Loans K
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FIXED DEPOSIT TERM

MONTH	DATE (From -To)	MONTH	INTEREST10%/Annam	PRINCIPAL	ACCRUED AMOUNT
First Month		First Month			
Second Month		Second Month			
Third Month		Third Month			

DECLARATION

We/I.....agreed that I have deposited Mk.....

(.....) in my/our deposit account as a fixed deposit facility which will mature on/...../.....

A member/beneficiary shall only be allowed to withdraw his/her fixed deposit funds when the agreed period has come to an end and any breach of contract from both parties will result in paying damages to the suffering party.

BENEFICIARY NAMES

1-Full Name:	2-Full Name:
Mailing Address:	Mailing Address:
Contacts:	Contacts:

Member signature

Date.....

Cashiers name.....

Date.....

Manager signature.....

Date.....

NOTE: Dedza Community Sacco retains the right to alter or amend the terms and conditions of this facility contract form whenever deemed appropriate.