 SERVICES INTEGRITY SAVINGS AND LOANS

FIXED DEPOSIT APPLICATION FORM

Date ………/………. / 20………..

Account Name	
Account Number	
Date of Birth	

Address	

Contact Phone	Mobile	Home	office

Transaction Details	
Amount (in words)	
Amount (in figures)	GHS

Funding Mode

☐ By Cash	☐ By SISL Account	A/C No.

Investment Tenor
(please tick)

☐ 30 Days	☐ 60 Days	☐ 91 Days	☐ 182 Days	☐ 365 Days

Investment Options
(please tick)

Rollover Principal + Interest	Rollover Principal ONLY	Redeem Principal + Interest on Maturity

……………………………………………………………
Customer Signature (1)

………………………………………………………………
Customer Signature(2)

NB: *where the fixed deposit investment is redeemed before maturity date, accrued interest shall be discounted.*

Bank Use ONLY

FD RECIEPT NO.	EFFECTIVE DATE	MATURITY DATE
	/ /	/ /

INTERSET UPON MATURITY	INTEREST RATE	PRINCIPAL+ INTEREST
GHS	% P.A	GHS

PROCESSED BY: **AUTHOURISED BY:**

…………………………………………………   ………………………………………………….
Signature   **Signature**