

For Queries/Feedback

- ◆ Call Customer Care Line 0211425310/20/30
- ◆ If not resolved, call Customer Relations Officer 0971425310/0961425310
- ◆ If still not resolved, call General Manager 0763055341



Attach the following:

- ◆ Salary Adjustment Letter (If applicable)
- ◆ Copy of NRC
- ◆ DDAC Mandate of K215.00 (Minimum per month (If applicable))

For General Members attach the following:

- ◆ DDAC Mandate of K215.00 (Minimum per month (Applicable to all))
- ◆ Copy of Certified NRC

SAVINGS ACCOUNT APPLICATION FORM

A. TERMS AND CONDITIONS

1. All Savings declared on this form cannot be used for Loan processing.

B. PERSONAL INFORMATION : (TO BE FILLED BY THE LOAN APPLICANT)

Member's Name:	Physical Address:
NRC or Valid ID No:	Postal Address:
Membership No:	Member's Organization:
Contact Telephone No:	Length of Membership:
Email Address (Personal):	Alternative Email Address:

C. SAVINGS ACCOUNT

TYPE OF SAVINGS ACC	MAIN FEATURES	ANNUAL INTEREST RATE	TICK	AMOUNT
1. Golden Saver	<ul style="list-style-type: none"> ● Savings account to prepare for retirement. ● Only withdrawn at legal early retirement age of 50 years ● K200.00 minimum savings contribution amount 	5%		
2. Holiday Saver	<ul style="list-style-type: none"> ● Withdrawable only once a year for free ● Withdrawal beyond once a year will attract a fee of 6% but not more than K1,000.00 (whichever is lower). ● Minimum contribution of K200.00 	5%		

D. DECLARATION BY APPLICANT

I do declare that the information given above is true and correct to the best of my knowledge. I also declare that I will abide by the terms and conditions governing the opening and operation of the savings account as set forth by CareCoop.

The Member acknowledges and agrees that using any online instructions provided by CareCoop is at their own risk. By following these instructions, the Member agrees to indemnify, defend, and hold harmless CareCoop from any claims, liabilities, damages, losses, or expenses arising from their use of or reliance on the online instructions.

Signature

Date

E. OFFICIAL USE ONLY

SAVINGS REVIEW

Member Name:	
Monthly Posting on Savings (ZMW):	
Member KYC Up to Date <input type="checkbox"/>	
Member Under Correct Posting Group <input type="checkbox"/>	

F. ACCOUNT REVIEW

Account Opened: <input type="checkbox"/>	
Account Posted: <input type="checkbox"/>	
Amount Posted: ZMK	

Name

Signature

Date

G. REVIEWED BY:

Name

Signature

Date