



Polla House Building, 4<sup>th</sup> Floor,  
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## BRAEMEG HOLIDAY SAVINGS FORM

I MR/MRS/MISS \_\_\_\_\_

Hereby authorises Braemeg Sacco Limited to deduct Kshs. \_\_\_\_\_

Monthly for my Holiday Savings effective from \_\_\_\_\_

### MEMBER DETAILS

Member Name: \_\_\_\_\_

ID/passport Number: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch \_\_\_\_\_

Bank Account No: \_\_\_\_\_

### TERMS & CONDITIONS

- Member must fill the holiday savings form
- This savings is voluntary
- Minimum savings of Kshs. 500
- Withdraw able within 72 working hrs upon withdrawal notice.

**Thank you for saving with us**

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*Akiba Yangu, Maisha Yangu*