



UCH CHRISTIAN WELFARE INITIATIVE



(RC: CAC|IT|NO 135468)

UNIVERSITY COLLEGE HOSPITAL IBADAN, OYO STATE, NIGERIA.

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Fixed Deposit Term of Agreement

I _____ made a fixed deposit of the sum of
₦ _____ (_____)
with the interest rate of 1% monthly for ____ months taking effects from _____ 20 ____
and maturing on _____ 20 ____ for the period of _____ months.

The principal along with the accrued interest should be paid into my account details below at maturity period.

Accounts Name: _____

Account Number: _____

Bank: _____

Date: _____

Phone Number: _____

Signature: _____

For official use only

The sum stated above to be invested approved by:

Egbeyale M. O.
President

Aleriwa R. W.
Treasurer

Akintade O. I.
Secretary