

WINAS SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD

P O BOX 696 EMBU. TEL: 31091 EMBU. FAX 31305

REG. NO.....

EMAIL: info@winassacco.com

DATE.....

DIVIDEND /INTEREST ADVANCE APPLICATION FORM

PERSONAL DETAILS

NAME..... MNO

PAYROLL NO.....ID NO.....

MOBILE PHONE FOSA SAVINGS A/C NO.....

PERMANENT ADDRESS.....

INSTITUTION/ SCHOOL&ADDRESS.....

ADVANCE APPLICATION & REPAYMENT

I,hereby apply for an advance on dividend /interest on deposits of kshs.....(in words).....

.....which will be recoverable **once** interest on non withdraw able deposits have been declared and posted.

IRREVOCABLE CLAUSE: - LOANEE

I hereby declare that I shall commit myself to repaying the **ADVANCE** granted including interest and that **I SHALL NOT** abort or breach the contract until the advance granted is fully paid plus the interest. In case of default to repay the total I authorize the office to recover total advance plus interest accrued from my non-withdrawable deposits or take necessary legal action.

APPLICANT'S SIGNATURE.....DATE.....

ADVANCE APPROVAL

Total bosa deposits.....Last year's dividend/interest on deposits ksh.....

LOAN APPRAISED BY.....SIGN.....DATE.....

AMOUNT RECOMMENDED KSH.....PAYABLE IN

LOAN APPROVED BY.....SIGN.....DATE.....

PAYMENT/CHECKED BY.....SIGN.....DATE.....

C.E.O ENDORSEMENT.....SIGN.....DATE.....

REASONS FOR REJECTED ADVANCE:

COMMENTSSIGNATURE.....