



CS / 2655 FARIDI SACCO SOCIETY LIMITED

Box 448, Box 448, - 50400 Busia | Email Address: info@faridisacco.co.ke | Website: www.faridisacco.co.ke | Mobile No: +254702275343
LandLine: 0552322262

DIVIDEND ADVANCE APPLICATION FORM

NB: Attach a photocopy of your ID.

SERIAL NO

A} FOSA ACCOUNT NUMBER.....APP/REG. NO.....

NAME OF APPLICANT.....

PAYROLL/PF NO.....ID NO.....MEMBERS NO.....

TELEPHONE NO.....ADDRESS.....

B} LOAN APPLICATION AND REPAYMENT:

I (*Full names*)

Apply for a Dividend Advance of Kshs

Amount in words.....

To be recovered from my NET dividends and/or interest on members' deposits.

C} 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.

SIGNATURE OF THE APPLICANT..... DATE

D} FOR OFFICIAL USE ONLY

a) Date of Birth.....Age.....BOSA SHARES

b) Amount of loan applied Kshs

c) Are all Sacco loans performing?

d) If No Explain.....

Name of Officer.....Signature.....Date.....

e) Estimated Net Interest on Members' Deposit.....

f) 50% of Estimated Net Interest Payable.....

g) Amount Recommended Kshs.....

Name of Officer.....Signature.....Date.....

(Accountant)

Amount Approved Kshs.....

Processed By Loans Officer.....Signature.....Date.....

Approved by..CEO.....Signature.....Date.....

REASONS FOR REJECTED ADVANCE:

Comments:.....Signature.....Date.....