

APPLICATION FOR AN ADVANCE AGAINST EXPECTED DIVIDENDS

A) APPLICANT' S PERSONAL INFORMATION

| Name | | Employer | Member No | |
|----------------------------------|--------------------|----------|-----------|---|
| Staff numberMol | bile No | Email Ad | dress | |
| I hereby apply for an advance of | of KSh's | | (In words | |
| | | | |) |
| against my expected dividends | /Interest on depos | its | | |
| B) <u>PAYMENT DETAILS</u> | | | | |
| 1. M-Pesa Number | | | _ | |
| OR 2. Bank Account details | | | | |
| Account Name | | | | |
| Bank Name | | | | |
| Account Number | | | | |
| Branch | | | | |

The Sacco shall not be held responsible for directing payments into a wrong account number as provided by the member in the above space

C)CONDITIONS

This credit shall be considered and approved under the following terms & conditions

- 1. Minimum amount is Kshs 1,000
- 2. Maximum amount is 50 % of dividend/Interest on deposit paid in the year 2023.
- 3. Advanced amount interest (one off)
 - a) December applications 6%
 - b) January March 5%
- 4. The advance shall be **recovered in full** during the final dividends/Interest payment.
- 5. In the event that no dividends/interest on deposits are declared in the next AGM, the advanced amount Will be recovered from my salary in **SIX** equal instalments with effect from the month of April 2024.
- 6. The necessary tax will be applied during the final dividend's payments.

| I, hereby declare that the foregoing par | ticu | lar | s ar | e tru | e to th | ne best of my knowledg | ge and belief and |
|---|------|-----|-------|-------|---------|-------------------------|-------------------|
| agree to abide by the bylaws of the Socie | ety, | the | e ter | ms g | overn | ing this credit and any | variations by |
| the Board regarding the amount applied | ł. | | | | | | |
| | | | | | | | |

By filling and signing this form, you authorize the Sacco to process and store your personal data for the purpose of processing your dividends advance application.

| Signature | Date | | |
|--------------------|------------|-----------|---|
| Witnessed By: | | | |
| Name | Member No | Signature | |
| Date | | | |
| D)FOR OFFICIAL USE | | | |
| Amount approved | | | |
| Checked By | Signature | Date | _ |
| | | _ | |
| Authorized By | Signature_ | Date | |