

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	