

(A) APPLICATION FOR BRIDGING FINANCE / DEPOSIT BOOSTING

I _____ Id No _____ Mno _____ hereby apply for the following loan(s) balance/(s) to be cleared by the Sacco and agree to abide by the by-law of the society, the loan policy and the decision taken by the management committee . I hereby authorize that the amount granted be recovered in full from my loan application (Forms Attached)

BRIDGING FINANCE

	Loan Type	Principle (KShs)	Interest (KShs)	Charges (KShs)	Total (KShs)
1	Normal				
2	H/Education				
3	School fees				
4	Emergency				
5	Property Loan				
6					
	Total				

DEPOSIT BOOSTING

	Loan Type	Amount Applied	Charges	Recommended Amount	Remarks
1	Deposit Boosting				
	Total				

(Delete where in applicable)

Signature _____ Date _____

(B) FOR OFFICIAL USE ONLY

	Loan Type	Original amount (KShs)	Original period (months)	Remaining Period	Remarks
1					
2					
	Total				

Checked: By _____

Date: _____

Verified: By _____

Date: _____

Approved by

Credit Committee: _____

Date: _____

Treasurer: _____

Date: _____