



KEYSTONE DT SACCO
The Sacco of Choice

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LOAN AND CHEQUE ADVANCE APPLICATION FORM

NAME _____ ACCOUNT NO. _____ TSC/PFNO. _____

SCHOOL _____ WARD _____ TEL. _____

TICK ADVANCE CATEGORY AS APPROPRIATE

☐

LOAN ADVANCE of Kshs. _____ (Amount in words) _____

To be repaid at the rate of 5% of the Advance approved upon loan processing and posting.

(ATTACH STAMPED COPY OF CHEQUE DEPOSIT SLIP)

☐

CHEQUE ADVANCE of Kshs. _____ (Amount in words) _____

CHEQUE NUMBER _____ DRAWER _____

To be repaid thereon at the rate of 10% of the Advance approved after the cheque's maturity and clearance after 7 working days exclusive of weekends and public holidays from the deposit date.

(ATTACH STAMPED COPY OF CHEQUE DEPOSIT SLIP)

NB: INTEREST TO BE CHARGED UPFRONT

Applicant's Signature _____ **ID Number** _____ **Date** _____

FOR OFFICIAL USE ONLY

Amount recommended by the Loans or the customer care Officer as appropriate _____

Name _____ Signature _____ Date _____

Amount approved by the Chief Executive or OFSA Supervisor: Kshs. _____

Sign. _____

Date. _____