

KEYSTONE SACCO SOCIETY LIMITED
P.O BOX 2073 KISUMU, TEL 057-2024767/2024775 KISUMU
ADVANCE APPLICATION FORM

NAME _____ ACCOUNT NO. _____ PF NO. _____

STATION _____ TOWN _____ TEL _____

TICK ADVANCE CATEGORY APPROPRIATLY (FOR ADVANCE B/C ATTACH LATEST PAYSHEET)

I hereby apply for (tick advance applied and fill the details)

☐ **ADVANCE A** of Kshs. _____ (amount in words) _____
Undertake to have cash advance amount plus interest thereon at the rate of **10% p.m.** paid back for a period of 1 month. **Maximum eligibility is ¼ net times one month.**

☐ **ADVANCE B** of Kshs. _____ (amount in words) _____
Undertake to have cash advance amount plus interest thereon at the rate of **7% p.m.** on reducing balance paid back for a period of 3 months in installments of Kshs _____ per month (requires guarantors.) **Maximum eligibility is ¼ net times three (3) months.**

☐ **ADVANCE C** of Kshs _____ (amount in words) _____
Undertake to have cash advance amount plus interest thereon at the rate of **8% p.m.** on reducing balance paid back for a period of 6 months in installments of Kshs _____ per month (requires guarantors). **Maximum eligibility is ¼ net times six (6) months.**

☐ **INUA LOAN** of Kshs _____ (amount in words) _____
Undertake to have cash advance amount plus interest thereon at the rate of **6% p.m.** on reducing balance paid back for a period of 10 months in installments of Kshs _____ per month (requires guarantors). **Maximum eligibility is ¼ net times ten (10) months.**

The following securities shall apply (tick the applicable one)

☐ Salary ☐ Pension

Purpose for which the loan is applied.....

REPAYMENT GUARANTEE – ADVANCE B , C AND FOSA EMERGENCY ONLY

We the undersigned hereby accept jointly and severally liability for the repayment in the event of the borrower default.

M.No.	TSC/PF No.	NAME	NET SALARY	AMOUNT GUARANTEED	SIGN	DATE

DECLARATION

I undertake **NOT TO TRANSFER** my salary whatsoever from FOSA KITE SACCO SOCIETY LTD. Till I complete paying the advance for which I am applying. Upon defaulting I authorize KITE to deduct the whole amount plus interest accrued from my salary facilitated by Teachers Service Commission.

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

OFFICIAL USE ONLY

Salary _____ **Total Advances Outstanding Ksh** _____

Fosa Supervisor's Observation _____

Amount approved by the Fosa Supervisor: Kshs _____

Sign _____ **Date** _____