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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 after7 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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**