



KENTOURS SACCO SOCIETY LTD

P.O. Box 79333 - 00200 Nairobi, Kenya. Telephone: 0709 309 000

Email: info@kentours.co.ke website: www.kentours.co.ke

DIVIDEND ADVANCE APPLICATION FORM

A. TO BE COMPLETED BY THE APPLICANT

I, Mr. /Ms. hereby apply for

- | | | | | | | | |
|--------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|
| a. 5% | <input type="checkbox"/> | b. 10% | <input type="checkbox"/> | c. 15% | <input type="checkbox"/> | d. 20% | <input type="checkbox"/> |
| e. 25% | <input type="checkbox"/> | f. 30% | <input type="checkbox"/> | g. 35% | <input type="checkbox"/> | h. 40% | <input type="checkbox"/> |
| i. 45% | <input type="checkbox"/> | j. 50% | <input type="checkbox"/> | | | | |

of my expected dividend for the Year 20..... I hereby authorize Kentours Sacco to recover the advance granted to me plus interest of 5% from the final approved dividend.

Signature (Applicant): Date:

B. PERSONAL INFORMATION

Employer..... Payroll No: ID No.

Position in Society: Member/Committee/Employee:

Home Address: Telephone Number:

C. MEMBERS BANK ACCOUNT DETAILS

Account Name:

Account No

Bank:

Branch:

D. OFFICE APPRAISAL

Total Expected dividends:

Advance applied / Recommended Kshs.

Deduction: Principal Amount

Interest @ 5%

Total:

Prepared by Date:

Checked by: Date:

Approved by..... Date:

Cheque Number: Borrower's Signature: Date:.....

Notes

1. Please attach a copy of your identification card
2. Maximum amount applicable is 50% of the expected dividend.