

POSTBANK SACCO SOCIETY LTD. 2H

P.O. Box 30313-00100 NRB Tel. 2229551 Ext. 373 / 020250271 Mob: 0716163034,

email: sacco@postbank.co.ke Web: www.postbanksacco.co.ke

VISION: To be an exemplary Sacco.

SPECIAL LOAN ON DIVIDENDS APPLICATION FORM.

1. PERSONAL INFORMATION.

(a) Name _____ PF. No _____
(b) Workstation / Section _____ Ext _____ Mobile No. _____

2. LOAN APPLICATION.

(a) Amount applied Kshs _____.(In words) _____
(b) Repayment period _____

3. SECURITY OFFER FOR THE LOAN.

(a) Dividends.

4. DECLARATION.

I hereby declare that I have understood the requirements of this loan to the best of my knowledge and belief and agree to abide by the same. I further do authorize the society to recover the total loan plus interest thereon in full from my dividends and be paid the balance of dividends remaining after the same has been declared and passed in the Annual General Meeting.

Signature _____ Date _____

5. FOR OFFICIAL USE ONLY.

a) Total Shares Kshs. _____
b) Eligibility; Total Shares x 5% Kshs. _____
c) Amount currently requested Kshs. _____
d) Amount Qualified Kshs. _____
e) Loan officer's signature _____
f) Date Loan is required _____

6. CREDIT COMMITTEE

Amount approved Kshs. _____

Officials Signature

(a) _____ Date _____
(b) _____ Date _____
(c) _____ Date _____

7. LOAN REPAYMENT

1st repayment Kshs _____ Interest _____ Receipt No. _____ Date _____ Balance c/d _____
2nd repayment Kshs _____ Interest _____ Receipt No. _____ Date _____ Balance c/d _____
3rd repayment Kshs _____ Interest _____ Receipt No. _____ Date _____ Balance c/d _____