



**BANKI KUU SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD**

Haile Selassie Avenue, P.O. Box 60000 - 00200, Nairobi, Kenya  
Tel: 2863981/2/3/4

**2017 MAZAO ADVANCE APPLICATION AND AGREEMENT FORM**

**ADVANCE TYPE:** Advance against Expected Interest on Deposits

**PART A: PARTICULARS OF APPLICANT** (All fields must be completed)

	Full Name	
	Staff/ N°	
	Mobile phone	
	Email address	
	I/D Number	

**PART B: BANK DETAILS**

Account Name .....

Bank Name .....

Account Number .....

Branch .....

Branch Code .....

**If the mode of payment is via Mpesa:**

Mobile Phone No(s)

(a) Registered Safaricom Line:

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The Sacco shall not be held responsible for directing payments into a wrong mobile account number provided by the member in the above space(s).

**PART C: CONDITIONS**

This credit shall be considered and approved under the following terms and conditions

1. Maximum amount is 60% of rebates on deposits paid in year 2016
2. Advance amount is charged interest **15%**(upfront)
3. The advance amount shall be recovered in full during the final dividend payment
4. The necessary tax will be applied during the final dividend payment

**Applicants Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PART D: MAZAO ADVANCE REQUEST & REPAYMENT**

I wish to apply for Kshs.....Amount.in.words.....  
.....to be recovered from my 2017 rebates on deposits in full.

I hereby give an irrevocable authority to Banki Kuu Sacco to recover the above amount in full;plus interest,from the final dividends declared by the AGM of 2017.

**PART E: DECLARATION**

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the By-laws of the Society, the terms governing this credit and any variations by the Board regarding the amount applied.

Applicants' signature:.....Date.....

Witnessed By: Name:.....M/No:..... Signature .....

**PART F: FOR OFFICIAL USE ONLY**

Eligibility calculations:

Applicant's dividend payout for previous year: Kshs.....× 60% = Kshs.....

Amount currently requested; Kshs.....(*must not exceed amount above*)

I certify that the applicant **is/is not** within the rules of the Society.

If not, say why.....

Prepared By:..... Signature .....

Verified By:..... Signature .....

Approved By:..... Signature .....

**PART G: FOR ACTION BY THE CREDIT COMMITTEE ONLY**

Amount approved: Kshs:.....recoverable once full 2017 interest on deposits has been determined.

Ref No:..... Date:.....

Credit Committee, Chairman's signature:.....

Member's signature.....

Member's signature.....

Applicants Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_