

PAMView Building, P.O Box 13 00205 Magadi Tel: 020-6999258/350 Fax 020-6999258

Mobile: 0722272252/0714961101

Email: info@magadisacco.co.ke, ideas@magadisacco.co.ke,

Website:www.magadisacco.co.ke,

(Surrender the original documents of ownership and duly signed blank transfer form/letter)

ASSET FINANCE ADVANCE FORM

		SERIAL NO	
APPLIC	CANT'S PARTICUL	DATE	
1.	Full Name	ID No	
2.	Account No	(As in National ID card)Payroll No	
	Tel No		
	Home Address	Department/Business	
	County		
		rice (for employee of Tata Chemicals Magadi Co. Ltd and Magadi Sacco Society Ltd) or state otherwise	
ADVAN	fy: contract, Temp		
a) Adva	ance applied for (Kshs)Months	
(Amou	,		
PRODU	JCT PARTICULARS		
The pr	oduct Name	Serial No	
Name	of the dealer	Town	
SECUR	RITIES SUBMITTEI	D AS GUARANTEE FOR T HE LOAN	
1. 2.			
3.			



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APPLIC	ANT'S DECLARATION
a)	I
b)	I further give my irrevocable authority to my employer to withhold any other benefit e.g. car loan, school fees or any other kind of commitment if such benefit shall cause me to default in the above advance repayment.
c)	I pledge to notify the society in writing of any changes in my address and any other personal particulars that are likely to affect the repayment of this advance.
d)	In the event of my termination of employment for any reason whatsoever, I hereby authorize my employer to deduct and pay any outstanding advance from my final dues.
e)	In the event that my final des are inadequate to settle my outstanding advance in full, I hereby pledge my assets and any future earnings and transfer the legal lien of the assets in favour of the society.
d)	I understand that the society may take any appropriate action against me if I default in repaying this advance.
	Signature Date
GUARA	NTORS DECLARATION
	We, the undersigned, hereby accept jointly and severally liability for the repayment of the advance in the event of borrower's default. In case of default, we understand the amount in default including accrued interest may be recovered by attachment of our accounts/salaries without reverting back to us for any further approval or may be recovered by an offset against our deposits in the society or by attachment of our property.

GUARANTORS PARTICULARS

1) Full Names		ID No		
Account No		Payroll No		
Signed	Date	Tel.No		
		ID No		
Account No		Payroll No		
Signed	Date	Tel.No		
3) Full Name		ID No		
Account No		Payroll No		
Signed	Date	Tel No		



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BORROWER			
I	of Box		Declare that, I have read and
understood the lending conditions set above	and hereby agree to be	e bound by all provisions o	of lending conditions.
Account No	Signed	Date	
Witness Name:	Account No		
Signature:	Date:	Tel No:	
ADVANCE APPRAISAL (FOR OFFICIAL USE ONI	<u>LY)</u>		
Other Sacco Liabilities		5	
Canteen KshsSaccomartKshsFuel Kshs		0	
AccountantSignature	e	Date	
Advance recommended (Kshs)	Repayab	le innonths at	% interest rate per Month.
Monthly principle repayment (Kshs)			
			only.
I certify that the information given above is co	•		
FOSA Loans Advisor	Signature	Date	
FOSA MANAGERS COMMENTS			

SignatureDate....



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CHIEF EXECUTIVE OFFICERS COMMENTS		
Signature	Date	
FOSA COMMITTEE APPROVAL		
<u>CHAIRMAN</u>	SECRETARY	MEMBER
SIGN	SIGN	SIGN
DATE	DATE	DATE
EXECUTIVE APPROVAL	60	
SIGN: (I)(2)		