



MAGADI SACCO SOCIETY LTD

PAM View 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,

WALK IN WALK OUT ADVANCE 'JIENJOY' APPLICATION AND AGREEMENT FORM

SERIAL NO.....

DATE.....

APPLICANT'S PARTICULARS

1. Full Name.....ID No.....
(As in National ID card)
2. Account No.....Payroll No.....
Mobile NO:.....E-Mail Address.....
Home Address.....Department/Business.....
County
- i) Terms of service (Permanent OR Contract)) or state otherwise
.....

ADVANCE PARTICULARS

a) Advance applied for (Kshs) Repayment period

(Amount in words).....

Outstanding Balance Kshs

APPLICANT'S DECLARATION

- a) I hereby declare that the foregoing particulars are true to the best of my knowledge and on personal behalf agree to abide by the society's advance policy and any variation by the committee in respect of the above items. I, therefore authorize the necessary deduction to be made from my account until full repayment of this advance.
- 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) In the event that my salary is not enough to recover the advance, I hereby authorize the society to recover the same from any of my accounts held with you in FOSA or any income that goes through my account e.g. mid-month advance. LTA, bonus.
- e) In the event that my final dues 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.....

Witness Name:.....Account No.....

Signature:.....Date:.....Tel No.....



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ADVANCE APPRAISAL (FOR OFFICIAL USE ONLY)

Advance recommended (Kshs) Repayable in.....months at.....% interest rate per
Month. Repayment Principle Kshs.....Interest.....Total Repay.....

I certify that the information given above is correct. Comments:

.....
.....

Credit OfficerSignature..... Date.....

CREDIT TEAM LEADER COMMENTS

.....
.....

SignatureDate.....

FOSA TEAM LEADER COMMENTS

.....
.....

SignatureDate.....

CHIEF EXECUTIVE OFFICERS COMMENTS

.....
.....

Signature..... Date.....