

**Head Office**

PATNAS PLAZA

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Tel: +254 0720 938 233**Email:** info@patnassacco.co.ke**Website:** www.patnassacco.co.ke**Paypoints:** Sotik, Roret, Chebirbelek, Cheborgei**FRONT OFFICE SERVICE ACTIVITY (FOSA)****S.NO:** _____**APPLICATION FOR SALARY/ TEA PAYMENT ADVANCE /CAPITAL PLUS LOAN****A. PERSONAL DETAILS (Attach ID Copy)****FOSA ACCOUNT NO.**

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NAME OF THE APPLICANT _____**ID NO.** _____ **TEL. No.** _____ **BUYING CENTRE NO** _____**District** _____ **Location** _____ **Sub-location** _____ **Village** _____**Next of Kin** _____ **ID NO.** _____ **Phone No.** _____**SOURCE OF INCOME (Tick where applicable)**KTDA ☐ Salary ☐ Pension ☐ Others ☐ Specify _____**B. ADVANCE APPLICATION AND PAYMENT**

I am requesting you to advance my Account with Kshs _____. Amount in words _____ to be recovered in full from my salary/tea proceeds from the next credit whichever comes first plus your charges. I undertake to indemnify the Sacco in full plus all incidental costs in case of default.

PURPOSE OF THE ADVANCE/LOAN _____**C. APPLICANT DECLARATION**

I hereby declare that the above particulars are true to the best of my knowledge and I agree to abide by the bylaws and the policies of the society. And I will not divert /change /lease tea proceeds /salaries / my income until I clear the outstanding balance.

SIGNATURE _____ **IDNO** _____ **DATE** _____

Guarantors (To be filled by Active guarantors only with copy of their IDs)

NAME	BUYING CENTRE	A/C NO	ID. NO	PHONE NO.	SIGN

OFFICIAL USE ONLY**Section A.**

- A) Amount applied _____ C) Loan balance _____
- B) Advance balance _____ D) M-ChapChap loan balance _____
- C) Capital Plus Loan balance _____
- E) Recoverable in 1 Month ☐ 2 Months ☐ 3 Months ☐ 6 Months ☐

Section B.

Financial analysis (To be filled by loan clerk)

INCOME	MONTH 1	2	3	GROSS AVERAGE PER MONTH.	LOAN STO	NET
Tea proceeds/Salary						

CREDIT OFFICER (Recommendation)

Amount (Kshs) _____ in Words _____

Name _____ Signature _____ Date _____

APPROVALS**CREDIT MANAGER**

Amount approved Kshs _____ in Words _____

Name _____ Signature _____ Date _____

INTERNAL AUDITOR.

Amount approved Kshs _____ in Words _____

Name _____ Signature _____ Date _____

ACCOUNTANT/CEO.

Amount Posted Kshs _____ in Words _____

Name _____ Signature _____ Date _____