



GUSII MWALIMU SACCO SOCIETY LIMITED



MWALIMU HOUSE, 1ST FLOOR, P.O. BOX 1335, TEL: 058-30357; FAX: 058-31021 KISII

Website: <http://www.gusiiwalmusacco.co.ke> ; Email Address: info@gusiiwalmusacco.co.ke

APPLICATION FORM FOR ADVANCE-FOSA FOUR (4) MONTHS

EMPLOYMENT NO: _____ MNO (Sacco No.) _____ FOSA A/C NO: _____

ID NO: _____ (Attach copy) CURRENT NET PAY _____ (Attach pay slip)

ADDRESS _____

MOBILE NUMBER _____

❖ APPLICATION AND REPAYMENT

I (Full names) _____ apply for an advance of Kshs. _____
(in figures) recoverable within four months only, at an interest rate of 10% per month.

APPLYING MEMBER'S SIGNATURE _____ DATE _____

❖ REPAYMENT GUARANTEE

We the undersigned accept jointly and severally liability for the repayment of the salary advance in the event of the borrower's default. We understand that the amount in default may be recovered by attachment of our salary and offset against our shares in the society or by attachment of our property and that we shall not be eligible for loans unless the amount in default has been cleared in **FULL WITHIN ONE MONTH**.

NB: FOR ONE TO GUARANTEE AN ADVANCE, HIS/HER SALARY MUST BE COMING THROUGH FOSA AND BE A MEMBER OF THE SOCIETY.

❖ GUARANTOR INFORMATION

ACCOUNT NO.	TSC/P.NO.	NAME	MOBILE NUMBER	SIGNATURE

FOR OFFICIAL USE ONLY

I certify that the application is within the society lending regulations.

Amount Applied _____

APPROVAL

Advance Approved KSH: _____ NAME _____ SIGNATURE _____ DATE _____