

# KENYA MEDICAL ASSOCIATION SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

Registered Office:  
KMA CENTRE, CHYULU ROAD  
P.O BOX 413-00202  
NAIROBI.



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EMAIL: Info@kmasacco.com

## APPLICATION FOR DIVIDEND IN ADVANCE

### PERSONAL PARTICULARS

1. Full Name ( As Per ID):.....
2. SACCO Membership Number ..... ID No .....
3. Place Of Practice/Employer: ..... Station:.....
4. P.O Box:.....Code:..... Town/City:.....
5. Telephone No ..... Mobile Telephone No .....
6. Email .....

I Hereby apply for an Advance of Kes ..... (Amount in figures) .....  
..... (Amount in words), to be paid plus interest of  
10% one off from 2018 Dividends

**DISBURSEMENT DETAILS** *Payment by(tick)* *Cheque*  *EFT*  *RTGS*

Bank Name:..... Branch:.....  
Account Name:.....  
Account Number:..... Other Instructions:.....

### TERMS & CONDITION

- 1- Must be an active Sacco member saving regularly
- 2- Members loan account must be well serviced and not in default.
- 3- No partial withdrawals or loan offset within the year
- 4- Maximum Amount 50% of Dividend paid in FY 2017 and repayable after declaration of FY 2018 dividend

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief. I agree to abide by all the terms and conditions governing this product and any other future amendments.

.....  
**SIGNATURE OF APPLICANT**

.....  
**DATE:**

### FOR SOCIETY USE ONLY CREDIT MANAGER

Member Deposit:..... 2017 Dividend:..... 50% of Dividend:.....  
Advance Applied:..... Advance Recommended Kes.....  
Comment:.....  
Appraised by: .....Checked By.....

### APPROVED BY GENERAL MANAGER

This application has been approved for the amount of Kes:.....  
Comment: .....  
Signed ..... Date .....