



# CHASCO SACCO LIMITED

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## THREE MONTHS ADVANCE REQUEST FORM

### A) APPLICANT PARTICULARS

Date.....

Name.....MNO/Payroll No.....

Zone.....Buying Centre..... Mobile No..... ID NO.....

M-wallet.....

### B) ADVANCE REQUEST

I request for advance of Ksh.....in words.....

against my delivered Tea kilograms of..... for the month of.....

### TERMS AND CONDITIONS FOR APPLICANT

1. Copy of ID of the applicant.
2. Copy of current green leaf receipt/Pay slip.
3. Copy of ID of the guarantors.
4. Advance form application and processing fee of Kshs. 100 shall be charged
5. Failure to meet recoverable amount shall automatically lead to recovery from guarantors
6. An interest rate of 5% per month is applicable

### C) GUARANTORS.

	Name of Guarantor	MNo.	Phone No.	ID No.	M-wallet	Sign
1.						
2.						

*We the undersigned accept liability for repayment of advance.*

I hereby confirm that I have read and understood the terms and conditions therein and append my signature herewith.

Name.....MNO/Payroll No.....Date.....Sign.....

Witnessed by: Name..... Date.....Sign.....

**D) OFFICIAL USE**

<b>Months</b>	Jan	Feb	March	April	May	Jun	July	Aug	Sept	Oct	Nov	Dec	<b>Average</b>
<b>Default status</b>													
<b>Kgs</b>													

**Remarks**.....

The applicant has delivered.....Kgs of Green leaf X.....=Ksh.....Minus

Total monthly repayment loan.....Interest.....including Shares.....=Ksh.....

**Amount eligible for advance**.....

**Prepared and appraised by**.....**Signature**.....**Date**.....

We have appraised the above **Three Months** advance application:

Amount recommended in figures Kshs.....(in words).....

**Checked by Credit Officer Signature**.....**Date**.....

**RECOVERABLE INSTALLMENT**

<b>INSTALMENT</b>	<b>AMOUNT TO BE RECOVERED</b>	<b>PERIOD (e.g Jan, Feb and March)</b>
<b>First instalment</b>		
<b>Second instalment</b>		
<b>Third instalment</b>		

**Verified and recommended by the CEO Signature**.....**Date**.....

**Internal Auditor**

I have checked and verified that loan issued is in compliance with policies and procedures of the society

Signature: .....Date.....

**Paid by Accountant/ Assistant Accountant Signature**.....**Date**.....

**Approved by Credit Committee**

**Chairman**.....**Signature**.....**Date**.....

**Secretary**.....**Signature**.....**Date**.....

**Member**.....**Signature**.....**Date**.....