SHERIA SACCO SOCIETY LIMITED



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DEPOSIT BOOSTING LOAN APPLICATION FORM

* FILL IN DUPLICATE

1. APPLICANT'S DETAILS;

NAME:	
MNO/PJ/PF:	
EMPLOYER:	
MOBILE NO:	EMAIL
ADDRESS:	

I wish to apply for a deposit boosting loan from the FOSA of KSH.....

(In Words).....

Upon approval, credit my Ordinary Deposits Account.

2. APPLICANT'S DECLARATION;

I have read and agree to abide by all the conditions governing this loan and any future ammendments as may be approved by the Board.

SIGNATURE...... DATE...... DATE.....

S/NO 07/2016

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FOR OFFICIAL USE

I recommend an amount of KSHS	(In	Words))
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OR

I DO NOT recommend the loan due to

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CHARGES:

Processing fee:

5% Interest:

ACTION TAKEN BY :-

NAME......SIGN......DESIGNATION......

Terms for the product.

- i. The member should not boost more than 100% of their current deposits.
- ii. The maximum amount of deposit boosting loan is **ksh.1,000,000/=**
- iii. To qualify for the facility one should have been a member for at least **3 month** and should have contributed for 3 months.
- iv. The facility is only available to members who are on check off.
- v. A commission of 5% to be charged on the facility.
- vi. The amount advanced to be recovered when the BOSA loan is credited to the members FOSA account.

S/NO 07/2016

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