SOS SACCO

0721 215 567 | 0722 250 161 | 0729 807 849 P.O BOX 40653 - 00100 NAIROBI ,KENYA www.sossacco.com

DIVIDEND ADVANCE APPLICATION FORM

1. APPLICANT'S PERSONAL INFORMATION	
Names(as appearing on ID):	
Membership No:	Cell:
Payroll No:	Current Station:
E-mail address:	Designation:
Dividend Advance amount applied for (figures):	
Dividend Advance applied for (words):	
Last Year Dividend/Rebate Amount	Shares
Name of Bank:	
Branch:	
Account Name:	
Account Number:	

Signature:_____

ID NO:_____

Date:_____

FOR OFFICIAL USE ONLY

2. DIVIDEND ADVANCE PROCESSING		
Shares as at (Date):		
Captured by:	Date:	Signatue:
Verified by:	Date:	Signature:
Scheduled by:	Date:	Signature:
Recommended by:	Date:	Signature:
Remarks (if any):		

3. CREDIT COMMITTEE APPROVAL	
We have totally examined the above application and have approved the following:	
Dividend Advance Amount:	Total disbursed:

Chairperson _____ Member _____ Member _____

Date_____