

KITUI TEACHERS SAVINGS AND CREDIT SOCIETY LIMITED

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KITUI



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SHARES DRIVE BOOSTER ADVANCE

SD NO

I Of ID No.....

P/No..... M/No..... Mobile No..... Age

Sacco Branch.....Present work station and postal address.....

Hereby apply for a booster Advance of (Amount in figures) Ksh

(Amount in words)

Repayable in Months (Maximum 12 months) at the rate of Kshs (In figures)
per month.

1. The booster Advance will solely be utilized in favour of **SHARE DRIVE APPLICATION**.
2. Members will not qualify for dividends until you clear your booster advance.

.....
Signature of Applicant

.....
Date

FOR OFFICIAL USE ONLY

Amount of BOOSTER SHARE ONE OFF ADVANCE, recommended Kshs (In figures).....

(In words)..... in

favor of **SHARE DRIVE APPLICATION**.

Appraised & Posted by: _____ **Design.** _____ **Signed:** _____ **Date:** _____

Approved by: _____ **Design.** _____ **Signed:** _____ **Date:** _____

Verification done by: _____ **Design.** _____ **Signed.** _____ **Date:** _____