



Form No. **783**

APPLICANT'S DETAILS

FULL NAME: _____ ID NO. _____

Tel. No. _____ M/No _____ P/RNO. _____

Department _____ Position _____

Amount Applied for Kshs. _____ Amount in words _____

Signature of Applicant _____ Date _____

FOR OFFICIAL USE ONLY

1. Total Savings to date: _____

2. Total interest due: _____

3. Eligibility (Less 20%): _____

4. Date of last / Savings withdrawal: _____

5. Withdrawal Fees Charged: _____

Amount Approved Kshs: _____ Amount in words _____

NAMES OF TWO EXECUTIVE OFFICIALS _____

NAMES OF 2 CREDIT COMM. OFFICIALS _____

Name / Signature: _____

Name / Signature: _____

Name / Signature: _____