

KENYA HIGHLANDS SACCO
P.O. BOX 2085 KERICHO

INUA BIASHARA ADVANCE REQUEST FORM

Name.....ID/No.....Phone No.....
A/c. No.....Business Name.....Location of
Business.....Current place of Residence.....Village.....

Advance application/request

I,.....hereby apply an advance of ksh.....(in
words).....to be repaid indays(maximum 30
days)

Purpose of loan.....

I understand that this advance is recoverable once weekly at the rate of 6% per month for amount exceeding 5000 and flat rate of ksh. 300 per month for amount equal or less than 5000. A charge of ksh. 50 will be levied as advance processing fee upon disbursement of advance.

Guarantors Names

Name	Account No.	ID/No	Shares	Signature

Customers Signature.....Date.....