



KENTOURS REGULATED NON-WDT SACCO SOCIETY LTD

1st Floor Commodore Office Suites, Kindaruma Road, Kilimani, Nairobi.
P.O. Box 79333 - 00200 Nairobi. Telephone: 0709 309 000. Cell: 0722 968 596, 0733 667 596.
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DIVIDEND ADVANCE APPLICATION FORM

A. TO BE COMPLETED BY THE APPLICANT (Maximum amount applicable is 50% of expected dividend)

I, hereby apply for

- | | | | | | | | |
|--------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|
| a. 5% | <input type="checkbox"/> | b. 10% | <input type="checkbox"/> | c. 15% | <input type="checkbox"/> | d. 20% | <input type="checkbox"/> |
| e. 25% | <input type="checkbox"/> | f. 30% | <input type="checkbox"/> | g. 35% | <input type="checkbox"/> | h. 40% | <input type="checkbox"/> |
| i. 45% | <input type="checkbox"/> | j. 50% | <input type="checkbox"/> | | | | |

of my expected dividend for the Year 20..... I hereby authorize Kentours Sacco to recover the advance granted to me plus 5 % interest and applicable tax from the final approved dividend.

Signature (Applicant): Date:

B. PERSONAL INFORMATION

Employer..... Payroll No: ID No. (Attach Copy)

Position in Society: Member/Committee/Employee:

Home Address: Telephone Number:

C. MEMBER PAYMENT DETAILS

Mode of Payment:

Bank M-Pesa (If M-Pesa, amount should be less than Kshs 100,000) **Telephone No**.....

For payment through the bank or where amount payable is more than Ksh. 100,000, please fill details below:

Account Name:

Account No

Bank: Branch:

D. OFFICE APPRAISAL

Total Expected dividends:

Advance applied / Recommended Kshs.

Deduction: Principal Amount

Interest @ 5%

Total:

Prepared by Date:

Checked by: Date:

Approved by..... Date: