ALLOTMENT FORM

Note: This is a fillable form. Submit duly completed and signed form to info@balozisacco.com or drop it at our office

TO (Employer's Address)

Name: _____

_____

Address: _____

_____

Distribution

Deposit Ksh_____

Benevolent Fund Ksh_____

Share Capital Ksh _____

Ekeza Fund Ksh_____

Junior Saving Ksh _____

Normal Loan & Interest Ksh _____

Super Loan & Interest Ksh_____

School Fees Loan & Interest Ksh_____

Emergency Loan & Interest Ksh_____

Insta Loan & Interest Ksh_____

Insta Plus Loan & Interest Ksh_____

Okoa Advance Loan & Interest Ksh_____

Boresha Loan & Interest Ksh _____

Collateral Loan & Interest Ksh _____

Special Loan & Interest Ksh _____

Car Loan & Interest Ksh _____

Karibu Loan & Interest Ksh _____

Self Guarantee Loan & Interest Ksh _____

IPF Loan & Interest Ksh _____

Restructure Loan & Interest Ksh _____

Guarantor Takeover Loan Ksh_____

Total Ksh

Please increase/decrease my regular deposit contribution/loan repayment in favour of Balozi Regulated Non-WDT SACCO Society Ltd. From Ksh _____ to Ksh _____ payable monthly with immediate effect.

Member's Full Name_____

Member Number_____ Payroll Number_____

In the event of a change of employer, I hereby authorize Balozi Co-operative Savings & Credit Society Ltd. to contact my new employer and make the necessary arrangements to continue checkoff deductions for my savings contributions and/or loan repayments. I undertake to notify the SACCO of any change in my employment and provide the details of my new employer promptly.

Date: _____ Members Signature _____

For official use

Prepared by_____ Date_____

Certified by _____ Date_____

*** This form is not applicable to STATE members ***