



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 Kshs _____

B/Fund Kshs _____

Share Capital Kshs _____

Ekeza Fund Kshs. _____

Normal Loan & Interest Kshs _____

Super Loan & Interest Kshs _____

School Fees Loan & Interest Kshs _____

Emergency Loan & Interest Kshs _____

Insta Loan & Interest Kshs _____

Insta Plus Loan & Interest Kshs _____

Quick Pesa Loan & Interest Kshs _____

Okoka Advance Loan & Interest Kshs _____

Boresha Loan & Interest Kshs _____

Collateral Loan & Interest Kshs _____

Special Loan & Interest Kshs _____

Car Loan & Interest Kshs _____

Karibu Loan & Interest Kshs _____

Self-Guarantee Loan & Interest Kshs _____

Insurance Premium Financing & Interest Kshs _____

Default Loan & Interest Kshs _____

Total Kshs _____

Please increase/decrease my regular deposit contribution/loan repayment in favour of Balozi Co-operative Savings & Credit Society Ltd. From Kshs _____ to Kshs _____ payable monthly with immediate effect.

Member's Full Name _____

Member Number _____ Payroll Number _____

Terms of service (Permanent, Contract) _____

Date (day) _____ Month _____ Year _____

Member's Signature

For Official Use

Prepared by _____

Date _____

Certified by _____

Date _____

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