

ADVANCE AGAINST EXPECTED 2018 INTEREST REBATE

NAME: _____

TSC/PF NO. _____ MOBILE NO _____

ADDRESS: _____

FOSA A/C NO: _____

Capitalization matrix

No.	Capitalize	Incentive
1.	100 %	10 %
2.	75 %	7.5 %
3.	50 %	5.0 %
4.	25 %	2.5%

I wish to apply for KShs. _____ (In words) _____

_____ to be recovered from my 2018 Interest Rebate in full.

I hereby give an irrevocable authority to FOSA to recover the above amount in full; plus interest, from the final Dividends declared by ADM 2019.

NB:

	Period	Advance	Interest rate
1.	1 st November, 2018 – 31 st December, 2018	50%	7.5%
2.	1 st January, 2019 - ADM Date.	25%	5%

The qualifying amount will be based on 50% of the deposits balance as at 30/09/2018; for Interest Rebate payable between November, 2018 to December, 2018. Interest Rebate from January, 2019 to ADM date will be at the same rate but using deposits as at 31/12/2018.

MEMBER'S NAME: _____ SIGN: _____ DATE: _____

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Amount Approved / Posted: KShs. _____

Not approved:

Defaulter: FOSA Advance; Sacco Loan; Business Loan.

Name: _____ Sign: _____ Date: _____

Approved By: Name: _____ Sign: _____ Date: _____