



Trans Nation Sacco Ltd.
Committed to serve

TRANS NATION SACCO LTD

P.O BOX 15-60400 CHUKA. TEL: 064-630354

TN OVERDRAFT RENEWAL APPLICATION FORM

INSTITUTION DETAILS:

NAME OF THE INSTITUTION:

POSTAL ADDRESS:

REG NO:

TEL NO:.....

EMAIL:.....

ACCOUNT NO:

INSTITUTION MANAGEMENT DETAILS

a) CHAIRPERSON

NAME:..... ID NO:

SIGNATURE..... DATE :.....

b) SECRETARY

NAME:..... ID NO:

SIGNATURE..... DATE :.....

c) TREASURER

NAME:..... ID NO:

SIGNATURE..... DATE :.....

d) HEADTEACHER/CHIEF EXECUTIVE OFFICER

NAME:..... ID NO:

SIGNATURE..... DATE :.....

OVERDRAFT RENEWAL & REPAYMENT

We Hereby apply for renewal of overdraft of Kshs (in figures) (in words)

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SECURITY OFFERED FOR THE OVERDRAFT:

1). 2).....

PURPOSE OF THE OVERDRAFT:

1).2).....

TERMS AND CONDITIONS:

- To be considered for the above facility the institution should have operated an active account with TN Sacco for the last one year
- The maximum amount to be borrowed should not exceed Kshs 250,000/=
- Amount granted is at most 10% of the institution’s total deposits for the last one year
- 2% Appraisal fee is charged
- 1.208% per month interest is charged.
- Dully filled form and a copy of the above mentioned management team, and signatories national identity card signed at the back be returned
- Attach minutes approving the use of the overdraft facility with TN Sacco
- Signatories should be at least two.
- Private institutions must provide charged collateral with both the name of the institution and TN Sacco.

Trans Nation Sacco Society Ltd reserves the right to cancel this contract and recover any outstanding overdraft and the interest therein from the institution deposits and the collateral provided or using any other legal means.

AUTHORIZED SIGNATORIES

- 1. NAME:..... ID NO:
STAFF NO (If applicable):..... POSITION:
SIGNATURE..... DATE:

- 2. NAME:..... ID NO:
STAFF NO (If applicable):..... POSITION:
SIGNATURE..... DATE:

- 3. NAME:..... ID NO:
STAFF NO (If applicable):..... POSITION:
SIGNATURE..... DATE:

- 4. NAME:..... ID NO:
STAFF NO (If applicable):..... POSITION:
SIGNATURE..... DATE:

Terms and conditions apply

FOR OFFICIAL USE ONLY

Is the form completely filled and attachments provided.....

Amount Requested.

Amount Approved

Approved by:

Name:

Signature :

Confirmed by:

Name:

Signature :