



Trans Nation Sacco Ltd.
Committed to serve

TRANS NATION SACCO LTD

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

TN OVERDRAFT APPLICATION FORM

APPLICANT DETAILS:

REGISTERED NAME

POSTAL ADDRESS:

REG NO:

TEL NO:.....

EMAIL:.....

ACCOUNT NO:

DETAILS OF THE OFFICIALS(FOR INSTITUTIONS)

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 :.....

OVERDRATE APPLICATION & REPAYMENT

Hereby apply for an 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.
- For public institutions the overdraft application form must be certified by the office of the education county director.
- Private institutions must provide charged collateral with both the name of the institution and TN Sacco.
- This Overdraft facility is valid for a period of 12 months after which it should be renewed.

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:

SWORN ON This Day Of..... Year :

Before me

.....
(Magistrate / Commissioner Of Oaths)

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

I/WE HEREBY DECLARE THAT AM /WE ARE AUTHORIZED SIGNATORY TO THE ABOVE ACCOUNT AND AM ALSO UNDER NO DURESS CONSENTING TO THE ABOVE CREDIT. I ALSO DECLARE THAT INFORMATION PROVIDED IN THIS FORM AND IN ATTACHED DOCUMENTS IS TRUE AND FACTUAL AND THAT I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS.

SWORN ON This Day Of..... Year :

Before me

.....
(Magistrate / Commissioner Of Oaths)

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 :