



DIVIDEND ADVANCE APPLICATION FORM (1 Month)

SASA SECTION – [Tel: 0727796323/ 0729210867](tel:0727796323), Email: info@relisacco.co.ke

Terms and Conditions

- ✓ Maximum of half dividends earned in 2024.

Applicant Personal Details

Surname.....First Name..... Middle Name.....

Employment/Check No..... I. D No.....

Mobile No..... E-mail.....

Employer.....Station.....

Address.....

Terms of employment (please tick) Permanent Contract Pension

Loan Application and Repayment

I hereby apply for a dividend advance of KSH..... (Amount in words)

.....

Member Declaration

I give irrevocable authority to Reli Sacco to recover the above amount in full plus interest of 5% from my earned dividends for the year 2025.

Preferred mode of payment (tick appropriately)

Cash Mpesa. Phone No.

Name Date..... Signature.....

OFFICIAL USE ONLY

Amount approved

Processed by: Sign Date

Approved by: Sign..... Date

Posted for payment by: Sign Date