



WAKULIMA COMMERCIAL SACCO LTD.

P O BOX 232-10103 MUKURWE-INI. TEL: 0203594698/0700146398

Email: info@wakulimasacco.co.ke

MILK ADVANCE APPLICATION FORM

Date:

SECTION A: MUKURWE-INI WAKULIMA DAIRY CO. LTD

1. For the month of Comp No..... A/c No.....
2. Farmer's Name
3. Average delivery/day..... Kgs. Estimated Kgs for the month
4. Debt(s) for the month (in Ksh);Store.....and/or A.I/Vet Total.....
5. Is the applicant a water victim? Yes () No ()

Yours faithfully,

Authorized Signatory (Sign&stamp)

SECTION B: MILK ADVANCE APPLICATION AND REPAYMENT

1. Member Name.....
2. Applicant Status. Owner (). Signatory (). Tick appropriately. Tel.....
3. Sacco A/c No Milk Station.....
4. Amount applied (in Kshs) repayable in one month at an interest of 7% of the amount.

I declare the above particulars to be true to the best of my knowledge and I undertake to abide by the decision made by the management of WAKULIMA COMMERCIAL SACCO LTD.

Applicant's ID/NO Signature Date

SECTION C: FOR OFFICIAL USE ONLY (WAKULIMA COMMERCIAL SACCO LTD)

Eligibility Calculations:

Projected payment (.....Kgs/per month*ksh.....) = ksh

Less: MWD ltd. debts (A.I, Vet. and/or Store)

Less: Loan Payable per month including arrears if any

Less outstanding milk advance if any

Amount Qualifying

Amount Approved ksh..... (Give an explanation if amount approved exceeds amount qualifying

(NB. If amount exceeds ksh 7,500 it must be signed by C.E.O, Accountant and Credit Manager)

Processed by..... sign.....

Credit manager.....sign.....

Accountant.....sign.....

C.E.O.....Sign.....

Directors: Hon. Muhika Mutahi (Chairman), Joseph Wanjohi (Vice Chairman), Esther Mutahi (Mrs), Beatrice Kariuki (Mrs) Joyce Maina (Mrs), Martin Mwangi, Robert Githua