

**TARAJI SACCO FOSA SALARY ADVANCE APPLICATION FORM A**

DATE\_\_\_\_\_MONTH\_\_\_\_\_20\_\_\_\_\_

Name\_\_\_\_\_ of savings account No \_\_\_\_\_

Member No \_\_\_\_\_ Tsc/Emp .No \_\_\_\_\_

Amount applied for (Ksh \_\_\_\_\_ In words \_\_\_\_\_

Purpose (State briefly) \_\_\_\_\_

I hereby undertake to have the cash advance amount/interest thereon at the rate of 10% PM paid back at the end of this Month of \_\_\_\_\_ 20\_\_\_\_\_ by means of (Tick appropriate box)

a) Salary deduction ☐

b) Other means ☐

State \_\_\_\_\_

Name \_\_\_\_\_ ID No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell No. \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

1. Amount advanced Ksh \_\_\_\_\_ In words \_\_\_\_\_

2. Approved/Not approved \_\_\_\_\_ Comment \_\_\_\_\_

3. Authorized/Not authorized for payments \_\_\_\_\_

4. \_\_\_\_\_ Manager \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

5. Accountant \_\_\_\_\_ Comment \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

6. Checked  
by \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

**(FOSA SUPERVISOR)**

7. Paid by \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

TARAJI SACCO LTD.  
P. O BOX 605-40600,  
SIAYA - KENYA.  
EMAIL: [info@tarajisacco.co.ke](mailto:info@tarajisacco.co.ke)

---

