

OVERDRAFT APPLICATION FORM

CUSTOMER DETAILS

Members/Business Name.....
NationalityID NO./Reg. No. (Please attach copy)
County of residence..... PIN Number (please attach copy)
Date of birth/Reg.No.....Telephone No.....
Postal Address.....Office Tel No.....
E-mail Address.....
Marital Status.....

BANK ACCOUNT DETAILS:

Account NO.....Branch
Existing loans with TOWER SACCO...YES/NO.....Balances.....

BUSINESS/EMPLOYMENT DETAILS:

Nature of Business/Employer
.....
Physical location/Work station
.....

MY LOAN DETAILS

I would like to apply for (a)Secured /un Secured Overdraft
Kshs..... (in words)
..... For a period of..... (Months)

Purpose of The Facility.....

| Type of security | Amount of security |
|------------------|--------------------|
| I. | |
| II. | |
| III. | |
| IV. | |
| V. | |
| VI. | |

CUSTOMER DECLARATION

REPUBLIC OF KENYA
IN THE MATTER OF THE OATHS AND STATUTORY DECLARATION ACT
(CAP 15) LAWS OF KENYA
AND
IN THE MATTER OF TOWER SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD
(REGISTERED NUMBER CS/2559)
AND

IN THE MATTER OF (NAME).....
ACCOUNT NUMBER.....MOBILE NO.....

DO HEREBY STATE AS FOLLOWS:

1. *I certify that this information is true and correct and authorizes TOWER SACCO to contact any source for confirmation. I agree to be bound by the term and conditions of this facility. I understand TOWER SACCO reserves the right to decline this application without giving reasons.*
2. *I hereby authorize Tower Sacco to deduct the agreed instalments plus interest on the applicable date.*
3. *I/We further agree to have the necessary security documents prepared by the advocates of the Saccos choice with costs thereof paid by me/us.*
4. *I understand the interest of this overdraft is variable and will be applied at the Saccos current prevailing interest rate.*
5. *I/We, authorize the Sacco to conduct a credit search on me/us at any licensed credit reference bureau. I also authorize TOWER SACCO to obtain any information it may require relating to this application form from any source to which it may apply.*

Signature of applicant(s) 1) (2)

3)..... (4)

MAGISTRATES/COMMISSIONER OF OATHS:

ACCOUNT RELATIONSHIP MANAGER RECOMMENDATIONS: -

Signature

Date.....

CHIEF EXECUTIVE OFFICER/FINANCE/BRANCH MANAGERS ENDORSEMENTS

Signature.....

Date.....: