



ADVANCE APPLICATION FORM FOR MEMBERS

Date.....

PERSONAL DETAILS

- 1. Name.....
- 2. ID No.....
- 3. Payroll No/Member no.....
- 4. Name of the Bank.....5 Branch
- 6. Account no/Mpesa No (Choose any)
- Amount Applied: Kshs: _____ (In Words) _____

B: PERSONAL CONSENT CLAUSE

I authorize Walinzi Sacco Limited to access and query my credit information from any of the licensed Credit Reference Bureau (CRB) and to receive credit reports/scores from any of the licensed Credit Reference Bureau (CRB) on behalf of myself in order to assess my credit worthiness, wherever and whenever I apply for a new credit facility and during the persistence of such facilities in order to assist Walinzi Sacco Limited to accomplish its objectives and to enforce its rights under this agreement. I further consent to my credit information, both positive and negative, being shared with a Licensed Credit Reference Bureau (CRB). I release the CRB and Walinzi Sacco Society Ltd and its officers, employees and agents from all claims, actions or proceedings of whatsoever nature and howsoever arising, suffered or incurred in connection with the CRB sending/delivering/mailling my credit report to the addresses that I have provided.

Name.....ID..... Signature

Mobile phone: 1) 2).....

Email address :.....(in clear letters)

P.O BOX.....

Date

Guarantor (**where applicable**) Name- _____ PR/NO _____

Amount Guaranteed _____ Sign. _____ Date _____

C: OFFICIAL USE

Amount Approved: Kshs: _____ (In Words) _____

Committee Approval: 1) 2) 3)