ASILI SACCO SOCIETY LTD

Asili Coop Centre, Lower Ngara Road. Opp. Arya Boys Secondary School.
P.O Box 49064-00100 Nairobi Mobile: 0722472823/ 0733472823/ 0730785500/ 0730785555
Email: asilisacco@yahoo.com / info@asilisacco.coop Website: www.asilisacco.coop
Whatsapp:0729875784

DIVIDEND CAPITALIZATION FORM

APPLICANTS DETAILS

Full Names……..

Id No……...KRA pin……

Pf/No/ BM No……..Mobile No: ……

Employer: ……. Email Address: ……

I wish to Capitalize My Dividends Towards:

(i) **Share Capital Kes:……..Amounts in words……..**

(ii) **Deposit Kes:……Amounts in words…….**

(iii) **Loan repayment Kes:…….Amounts in words…….**

To be effected Immediately.

I hereby declare that all the information provided is true. I agree to abide by the Society's By-laws, any other rules and regulations applicable. I am further willing to provide my personal information and consent to its use as prescribed in the Asili Sacco Data Protection Policy (The policy is available on our website: www.asilisacco.coop and in our offices).

Name……...……. Signature……...…Date……..

OFFICIAL USE ONLY

Effected by: ……Sign: ……. Date: ……

Approved by: ……. ……. Sign: ……. ……Date: ……..