

## CHERRY ADVANCE REGISTRATION & APPLICATION FORM MEMBER OF A COFFEE CO-OPERATIVE SOCIETY – (FORM 1A)

### 1. PERSONAL PARTICULARS

Surname:		Other Names:	
Gender: Male	Female	ID No.(Attach copy)	
Phone No.	P.O. BOX:	Town:	
Email:			
Member No.		Factory Code:	

### 2. SOCIETY DETAILS

Name of Society/Cooperative:		
Cooperative Code:	County:	Sub county:
Coop. Tel:	Email:	

### 3. FARM RECORDS

Acreage Under Coffee:	
No. of Coffee Trees:	
Coffee Variety Grown:	

### 4. PRODUCTION

Previous Year Production (20__ /20__ )	Current Year Production (20__ /20__ )
Early Crop (Kg):	Early Crop (Kg):
Late Crop (Kg):	Late Crop (Kg):
Total (Kg):	Total (Kg):

### 5. AMOUNT APPLIED:

Date (s) Delivered See attached Weight Tickets	Cherry delivered (KG)	Amount Applied For
<i>(Maximum amount: Cherry delivered (kg) @ ksh 20 per kg or 40% of the prevailing average sales price at the Coffee Exchange.)</i>		
<b>(Attach weight ticket/receipt(s))</b>		

### 6. Mode Of Payment Preferred (Tick)

1. Bank: <input type="checkbox"/>	2. Mobile transfer: <input type="checkbox"/>	3. Other:.....(Specify)
-----------------------------------	--	-------------------------

### 7. MEMBER BANK / FOSA DETAILS

Account Name
Bank
Branch
Account Number
Bank Code
<b>PLEASE ENSURE THAT YOUR NAMES ARE WRITTEN AS THEY ARE IN THE BANK</b>

## CHERRY ADVANCE REGISTRATION & APPLICATION FORM MEMBER OF A COFFEE CO-OPERATIVE SOCIETY

### 8. OTHERS

Other Incomes		Other Debts	
Source	Amount	Institution	Amount
1.		1.	
2.		2.	
3.		3.	

### 9. DECLARATION:

I, .....do hereby apply to be registered for the Coffee Cherry Advance Revolving Fund set under the Public Finance Management (Coffee Cherry Advance Revolving Fund) Regulations, 2020.

I certify that the information given above is correct to the best of my knowledge.

Signature: .....

Date: .....

### 10. Certified by Co-operative Society.

Recommendation by society

We officials of ..... Co-operative Society acknowledges this application and that the above information is correct to the best of our knowledge and belief.

Authorized Officers:

#### Manager

Name in Full: .....

ID. Number: .....

Sign: ..... Date: .....

#### Chairman

Name in Full: .....

ID. Number: .....

Sign: ..... Date: .....

### Append co-operative stamp/seal