



Metropolitan National Sacco Ltd.

A Deposit Taking SACCO

Licensed and Regulated by The SACCO Societies Regulatory Authority (SASRA)

REGISTERED OFFICE:

Ground Floor of Chai House, Koinange Street P.O. Box 5684-00100 Nairobi Tel: (020) 8007509/2011391
Cell: 0736 086295/0715 680269 Email: info@metrosacco.co.ke, Website: www.metrosacco.co.ke

LOAN UNDERTAKING FORM

DATE:.....

TO BE COMPLETED BY APPLICANT

SURNAME: OTHER NAMES:.....

NATIONALITY:..... ID /PASSPORT NO.:

EMPLOYER:

DESIGNATION:.....EMPLOYMENT NO:.....

DEPARTMENTSTATION:.....

P.O. BOX..... TOWN:..... CELL NO.....

GROSS SALARY (Kshs):..... NET SALARY (Kshs):.....

LOAN REQUESTED (Ksha):.....REPAYMENT P.M. (Kshs):.....

PURPOSE OF LOAN:.....

DATE:..... EMPLOYEE'S SIGNATURE.....

AUTHORITY TO THE EMPLOYER TO REMIT LOAN DEDUCTIONS TO METROPOLITAN NATIONAL SACCO LIMITED

I whose particulars are shown above, do hereby accept this loan facility and the terms and conditions contained on the loan application form and hereby give my employer.....of P.O. Box (Postal Code)..... Town..... irrevocable authority to deduct loan and interest deductions from my salary and remit the same to **Metropolitan National Sacco Ltd** ("the Sacco") unless advised otherwise (in writing) or through a clearance letter from the Sacco and in the event of termination of employment for whatever reason, I authorise my employer to remit my final dues if any through the Sacco.

TO BE COMPLETED BY EMPLOYER

To The Chief Executive Officer

METROPOLITAN NATIONAL SACCO LTD

We confirm that the above named is our employee on permanent/contract terms. We undertake to continue remitting his/her salary through METROPOLITAN NATIONAL SACCO , and will not cease without a clearance letter from the Sacco.

Signature and Rubber Stamp:.....

Date:..... Names:

Designation: