







LOAN UNDERTAKING FORM

DATE
TO BE COMPLETED BY THE APPLICANT
SURNAMEOTHER NAMES
NATIONALITY
EMPLOYER:
DESIGNATION EMPLOYMENT NO.:
DEPARTMENTSTATION
P. O. BOX
GROSS SALARY (SHS)
LOAN REQUESTED (KSHS)
PURPOSE OF THE LOAN
AUTHORITY TO THE EMPLOYER TO REMIT CHECK OFF DEDUCTIONS TO METROPOLITAN NATIONAL SACCO LTD I
Date
TO BE COMPLETED BY EMPLOYER TO THE C.E.O. METROPOLITAN NATIONAL SACCO LTD.
We confirm that the above named is our employee on permanent / contract terms. We undertake to continue remitting his / her deductions to the above stated Sacco and that the remittances will not cease without a clearance letter from the SACCO.
Names
Designation

Date Signature and Rubber stamp