

SALARY ADVANCE APPLICATION FORM FOR MEMBERS (FOSA)

I.D. NUMBER: _____

WORK STATION: _____

ADDRESS: _____

DATE: _____

TELEPHONE: _____

THE CHIEF EXECUTIVE OFFICER
METROPOLITAN NATIONAL SACCO LTD.
P.O.BOX 5684-00100
NAIROBI.

Dear Sir,

RE: REQUEST FOR SALARY ADVANCE: KSH

I (NAMES) _____

Account number _____ do hereby request for
a salary advance of Shs..._____

(WORDS) _____

to be recovered in full from my salary / loan at the end of the month. I understand that a processing commission of two hundred shillings (200/-) and the preferred interest will be charged directly to my account.

C. BORROWER'S DECLARATION

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief. I agree to abide to the society's by-laws and loan policy. I further declare that I have understood the terms of this loan product and I hereby authorize Metropolitan National Sacco Ltd. to credit the proceeds of this loan to my FOSA Account. I authorize the Sacco to carry out credit checks with or obtain my credit information from/to, a credit reference bureau. I do accept personal liability for the repayment of the principal and interest amounts until full settlement is done. In the event of the loan account going into default, I consent to my name, transactions and default details being forwarded to a credit reference bureau for listing. I acknowledge that this information may be used by banking institutions and other credit grantors in assessing applications for credit by me, associated companies and supplementary accounts holders and for occasional debt tracing and fraud prevention purposes.

Signature.....Date.....

FOR OFFICIAL USE

APPRAISAL

Amount Approved..... Appraised by (Name)..... Signature..... Date.....

APPROVAL

Amount Approved..... Appraised by (Name)..... Signature..... Date.....