



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

SALARY ADVANCE FORM

Date of Application..... FOSA A/c No. Form No.....

ATTACHMENTS: a) Photocopy of ID both sides (b) One most recent original pay slip

1. PERSONAL DETAILS

Name:Member No.

Employer.....Payroll No.....Work station.....

Present Address..... Telephone No.

I do hereby request for a salary advance of Kshs..... (In words).....

To be recovered in **six monthly (6)** installments with effect from..... and the facility shall attract an interest of 8% which shall be charged directly to my FOSA account.

Signature..... Date

2. GUARANTORS

We the undersigned, hereby accept jointly and severally the liability for the repayment of the advance in the event of the borrower's default

	NAME	PAYROLL NO.	MEMBER NO.	EMPLOYER	SIGNATURE
1					
2					
3					

3. 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 am a member of Metropolitan National SACCO Ltd and will not cease the monthly contributions and/or do or omit to do anything that may render my membership status dormant as long as this facility is outstanding.
- I have given irrevocable authority to my employer to continue channeling my salary through Metropolitan National SACCO Ltd unless advised otherwise through a clearance letter from the SACCO.
- I authorize the Sacco to carry credit checks with or obtain my credit information from/to, a credit reference bureau. In the event of the loan amount 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 account holders and for occasional debt tracing and fraud prevention purposes.
- I do accept personal liability for the repayment of the principal and interest amounts until full settlement is done.

Declaration made on the day of 20.....

Signature..... Date

Name: ID Number:

FOR OFFICIAL USE:

4. CREDIT APPRAISAL

Member deposits.....	Prior Months Salary Kshs..... x 3=
Amount Applied.....	Recommended amount.....
Appraised by.....	Date

5. CREDIT APPROVAL

Amount Approved.....	Approved by.....
Signature	Date.....

6. DISBURSED BY

Amount Approved.....	Disbursed by.....
Signature	Date.....