



SALARY ADVANCE APPLICATION FORM

ATTACHMENTS (1) Photocopy of I.D. (Both sides) (2) One most recent original payslip

1. PERSONAL DETAILS

NAME IN FULL:

PAYROLL NO. FOSA ACCOUNT NO:

WORKSTATION

ADDRESS: TELEPHONE:.....

2. ADVANCE APPLICATION

(NAME)..... DO APPLY FOR A SALARY ADVANCE
 OF KSH (WORDS)

.....

I UNDERSTAND THAT THE ADVANCE IS REPAYABLE WITHIN THREE (3) MONTHS AT AN INTEREST OF 10% P.M

SIGNATURE DATE:

3. GUARANTORS

WE THE UNDERSIGNED PLEDGE TO SETTLE THE ADVANCE IN CASE OF THE DEFAULT BY THE BORROWER

	NAME	PAYROLL NO	M/NO	WORK STATION	SIGNATURE
1.					
2					

4. OTHER GUARANTEE

SALARY BOSA SHARES (Tick as appropriate)

Consent To Obtain and Share Information

Customer Declaration:

In connection with this application and/or maintaining a credit facility with Metropolitan National Sacco Society Limited, I authorize the Sacco to carry out credit checks with or obtain my credit information from a credit reference bureau. In the event of the loan account going into default, I consent to my name, transaction 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

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

Signature:.....

Name:..... ID Number.....

(FOR OFFICIAL USE ONLY)

1. PRIOR MONTH'S SALARY KSHS.

2. PRIOR MONTH'S SALARY X3=

3. AMOUNT APPLIED: DATE:

4. APPRAISED BY: DATE:

APPROVED NOT APPROVED

REASONS FOR NON- APPROVAL

AMOUNT APPROVED KSH

MANAGER'S SIGNATUREDATE.....