

ASILI SACCO SOCIETY LIMITED

Asili coop centre, Lower Ngara Road.Opp.Arya Boys Secondary School.
P.O Box 49064-00100 Nairobi Mobile: 0722472823/0733472823/0730785500/0730785555

Email:asilisacco@yahoo.com/infor@asilisacco.coop
Website:http//www.asilisacco.coop

Customer Care WhatsApp No.0729875784

SALARY IN ADVANCE APPLICATION FORM

Terms and conditions for salary in advance.

- i. The maximum repayment period is **1 MONTH at** an interest of 5% recovered upfront.
- ii. The applicant must be an account holder with FOSA and active member of Asili Sacco society.
- iii. Salary must have passed through FOSA for at least 3 months and will continue for a period of the loan.
- iv. Documents to be provided; Certified copy of the pay slip and copy of national ID.

I. PERSONAL INFORMATION

Surname	First Nam	e	Middle Name		
EmployeeNo	IdNo .		KRA Pin		
Address	Telephor	ne	Employer		
Retirement date	(DD/MM/YR)				
Terms of Employment (Please Tick)					
Permanent	Contract [Commission	Pension	
Loan application and repayment.					
I hereby apply for a salary in advance of Ksh amount in words					
PURPOSE FOR WHICH LOAN IS APPLIED					
Please Tick where appropriate					
Medical	Land/housing F	Education	Asset financing	Manufacturing	
Гrade	If agricultural specify	<i>.</i>			



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CUSTOMER DECLARATIONS

I hereby declare that all the information provided herewith are true to the best of my knowledge. I agree to abide by the Society's By-laws, Credit Policy and any variations made by the Board of Directors in respect of the current loaning terms & conditions. The undersigned give irrevocable authority to FOSA to recover the above amount in full and interest of 5% plus other incidental charges on the loan for the agreed period. I also consent to checking of my credit profile and sharing of all information with the Credit References Bureau (CRB) and Debt Collector by the Sacco and further effect any necessary deductions from my deposits & dividends, in case of default. I declare that I will not transfer or change my salary pay point until the loan is fully repaid .I am further willing to provide my personal information and consent to its use as prescribed in the Asili Sacco Data Protection Policy (The policy is available on our website www. asilisacco.coop and in our offices)

Name	Sign	Date			
III. OFFICIAL USE	ONLY				
I have verified and certified that the	e member can be granted Kshs				
Loans appraised by:	Signature	Date			
Approved by:	Signature	Date			
IV. CREDIT COM	MITTEE				
We have examined the above application and have decided as follows:					
a) Loan approved Kes	recoverable in	month			
b) Deferred/rejected for the fo	llowing reason(s)				
Credit committee member					
Chairman: Name	Signature	Date			
Member 1: Name	Signature	Date			
Member 2: Name	Signature	Date			