



## **ASILI SACCO SACCO SOCIETY LIMITED**

Asili coop centre, Lower Ngara Road.Opp.Arya Boys Secondary School.  
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**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.

#### **1) PERSONAL INFORMATION**

Surname..... First Name..... Middle Name.....

Employee No..... Id No ..... KRA Pin .....

Address ..... Telephone..... Employer.....

Retirement date (DD/MM/YR) .....

#### **Terms of Employment (Please Tick)**

Permanent       Contract       Pension       Commission

#### **Loan application and repayment.**

I hereby apply for a salary in advance of Ksh..... amount in words.....

#### **2) 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 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.....

**i. OFFICIAL USE ONLY**

I have verified and certified that the member can be granted Kshs.....

Loans appraised by: ..... Signature ..... Date .....

Approved by: ..... Signature ..... Date.....

**ii. CREDIT COMMITTEE**

We have examined the above application and have decided as follows:

a) Loan approved Kes.....recoverable in.....month

b) Deferred/rejected for the following reason(s).....

**Credit committee member**

Chairman: Name..... Signature ..... Date .....

Member 1: Name ..... Signature ..... Date .....

Member 2: Name ..... Signature ..... Date .....

*Our Sacco, Our Future*