



# 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.

### **PERSONAL INFORMATION**

Surname..... First Name.....Middle Name.....  
 Employee No..... Sacco No..... Id No.....  
 Address .....Telephone..... Employer.....  
 Terms of Employment (Please Tick)  Permanent  Contract  Commission  Pension

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

I hereby apply for salary in advance of Kshs..... amount in words

### **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 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 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.....

**OFFICAL USE ONLY**

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

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

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