

## **DISCOUNTING FORM**

Personal information
Name:ID:
Employer: Payroll no: Telephone.
Terms of employment please tick 1. Permanent 2. Contract 3. commission 4. Pension
LOAN DISCOUNTING APPLICATION
LOAN DISCOUNTING APPLICATION  I hereby apply for discounting loan of kshs
approved of Kes
NOTE: Discounted loan is 50% of the net loan balance.
I hereby certify that, to the best of my knowledge and belief, all information provided for this application and in the accompanying documents is true, complete and correct. I gave irrevocable authority to FOSA to recover the above amount in full plus interest of 20% from BOSA loan being processed. 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
Official Use Only
Assistant Credit Officer  I have examined the above application and the client qualify for a loan Type of Kes  Name Signature Date  Senior Credit Officer Our Sacco, Our Future  Loan approved
Name Sign Date