

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

A. SALARY ADVANCE APPLICATION FORM

Terms and conditions for salary advance.

- i. The maximum repayment period is 18 MONTHS at an interest of 15% recovered upfront.
- The applicant must be an account holder with FOSA and active member of Asili Sacco society. ii.
- 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.

B. PERSONAL INFORMATION

Employee No	KRA	Pin	. <mark></mark>	Id No				
	Z S	11						
Address	Telep	hone		. Employer				
Terms of Employmen	nt (Please Tick)	Permanent [Contract	Commissi	ion	Pension		
Loan application an	d repayment.							
		ETW	IN					
I hereby apply for sal	ary advance of Kshs				. amount	in words		
			re	payable in		Months		
C. CUSTOMER DECLARATIONS								
I hereby declare t	that all the inform	nation provid	ed herewith	are true to	the be	st of my		
knowledge. I agre								
made by the Board								
undersigned give irrevocable authority to FOSA to recover the above amount in full and interest								
of 15% 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 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)ate			

D. REPAYMENT GUARANTEE (To be completed by the guarantors who must be members of the Society)

MUST be signed by the guarantors and should have known the amount being applied. In consideration of granting the above loan or lesser amount that may be approved, We the undersigned hereby accept jointly and severally, liability for reliability for the repayment of the loan balance in the event of borrower's default. We understand that the amount in default may be recovered by attachment to our salary, an offset against our deposit in the Society or by attachment of our property and any other benefits due to us from the society (e.g Dividends and interest) and that we shall not be eligible for loan(s) unless the amount in default has been cleared in full.

a) GUARANTORS

S/No	PF/NO	NAME	I.D No.	Mobile No.	Signature
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2					
3		99			
4		Many	SVP.		
5		(0			

E. OFFICAL USE ONLY

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I certify that this loan application is within	the Society's current Cred	lit Policy and					
I recommend approval of Kshs:	repayable in	installments at					
the rate of Kshs :per month.							
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	months					
b) Deferred/rejected for the following re	ason(s)	re					
Credit committee member							
Chairman: Name	Signature	Date					
Member 1: Name	Signature	Date					
Member 2: Name	Signature	Date					