

Attach Current
payslip (copy)



Serial No. **3241**

**Kenya Highlands Savings and Credit Society Limited
Banking Services**

P.O. Box 2085, KERICHO. Cell Phone: 0719 471 633

Application No.

Date:

LOAN APPLICATION AND AGREEMENT FORM FOR SPECIAL SALARY ADVANCE

I ID NO. CELL PHONE NO.
OF BOX NO. OF VILLAGE LOCATION
..... DISTRICT A/C NO.

633									
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 hereby Apply

Ksh. repayable in six (6) months for the following purpose(s):-

- (1) (3)
(2) (4)

The security offered for this loan is

1. Society share value Kshs. 3. Deposits value Kshs.
2. Guarantors value Kshs. 4. Housing shares value Ksh.
Others Value

I the undersigned hereby accept the liability to repay the above loan if granted at interest rate of 2% per month compounded for 6 months. I authorize the society (Kenya Highlands Sacco Society) to attach the above declared securities and any other to repay the loan/advance. That I am a customer and my salary shall be payable through the SACCO FOSA section to facilitate the recovery of the loan. I will not alter mode of payment unless the loan is cleared in total and shall abide by decision taken by the society management. A further charge of Ksh. 50 will be charged as loan form fee upon processing of advance.

Signature Date:

GUARANTORS - Their tea proceeds must be passing through the Sacco Savings Account

Name	MNo.	Tea No.	ID	Signature	Total Shares
1.
2.
3.
4.
5.
Total				

We the above hereby accept the liability for repayment of the above loan and interest therefrom. If the owner is unable to pay within the stipulated period, we understand that the amount in default may be offset against our deposits and other securities within reach of the society including savings in the event of default.

Confirmation by the employer

I hereby certify that the above named person is an employee of our company on Permanent/Casual basis. I understand he/she intends to borrow a loan from Kenya Highlands Sacco Society Ltd. and therefore we undertake to remit all his/her salary through sacco until the outstanding loan is paid in full and the loanee discharged in writing by the sacco.

Employer's Name _____ Date: _____

Name _____ Designation _____

Sign _____ Stamp _____

ELIGIBILITY CALCULATION

OFFICIAL USE ONLY

Value produced through the society for the current four months.

1. 2. 3. 4.

Repayment 6 installments each Ksh.

I CERTIFY THAT THE APPLICANT IS/IS NOT ELIGIBLE FOR LOAN

SIGNATURE DATE

COMMENTS:

.....
.....

Amount approved Ksh. (in words)

Signature Date

Signature Date