

APPLICATION FOR QUICK FIX DEPOSIT LOAN

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED

Member Name: Member No:

Hereby apply for an Advance of KShs. [Amount in Figures]

Amount in Words

To be paid in 1 monthly installment Plus interest of 5%

Personal Details:

Staff No. Member No. ID No.
 Department Date of Birth. DD/MM/YYYY
 Department Workstation. Date of Birth: DD/MM/YYYY
 Postal Address: Code: Town: Country:
 e-Mail Address:
 Mobile No: Telephone No:

FOR OFFICIAL USE ONLY

Credit Manager

This application has been recommended for KShs Repayable in

installments: If rejected or the amount requested reduced, the reasons are: -

Comment:
 DD MM YYYY
 Signature Date

General Manager

This application has been approved for KShs

Comment:
 DD MM YYYY
 Signature Date

Terms & Conditions for Quick Fix Deposit Loan

- Applicants must be holders of a FOSA salary account or Savings account and earn their salary through this account
- Attach a copy of the most recent pay slip duly certified by HR personnel
- Maximum amount shall be half your net salary
- The advance is repayable in one (1) month

I agree to abide by all the terms and conditions governing this product and any other future amendments.

DD MM YYYY
 Applicant Signature Date

Applicant Signature