



Safaricom Sacco
LIMITED

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APPLICATION FOR FOSA SILVER ADVANCE LOAN

I
(FULL NAME IN BLOCK LETTERS)

Hereby apply for an Advance of Kshs (Amount in figures)

..... (Amount in words)

To be paid in monthly installments Plus interest of 5 %

PERSONAL PARTICULARS

1. Staff Number Membership Number ID No
2. Date of birth Department
3. Present work station and postal address
4. Office Telephone No Mobile Telephone No
5. Email

FOR SOCIETY USE ONLY

CREDIT MANAGER

This application has been recommended for Kshs Repayable in installments: If rejected or amount requested reduced, reasons are: -

Comment

Signed Date

APPROVED BY CHIEF EXECUTIVE OFFICER

This application has been approved for the amount of Kshs:

Comment:

Signed Date

TERMS AND CONDITIONS FOR FOSA PERSONAL ADVANCE LOAN

1. Applicants must be holders of FOSA savings account and earn their salary through this account
2. Attach a copy of the most recent pay slip duly certified by HR personnel
3. Maximum amount **FOUR** times your net salary
4. The advance is repayable in **SIX** (6) months

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

.....
SIGNATURE OF APPLICANT

.....
DATE: