



Safaricom Sacco
L I M I T E D

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APPLICATION FOR INSURANCE PREMIUM FINANCE LOAN

I
(FULL NAME IN BLOCK LETTERS)

Hereby apply for insurance premium Financing of Kshs (Amount in figures)
..... (Amount in words)

To be paid in monthly installments Plus 1% P.M Interest on reducing balance

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 Uwezo 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. The premium finance is repayable in maximum (6) months
4. Insurance certificate will be delivered within 48 hours
5. The Interest will be 1% p.m on reducing balance

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

.....
SIGNATURE OF APPLICANT

.....
DATE: