## SHORT TERM LOAN APPLICATION FORM



| PLEASE COMPLETE IN BLOCK LETTER   | S OR IICK (V) APPROPRIATI | E ROX UNIE22 OTHE      | KMISE INDICATED                           |                   | Safaricom Sa |  |  |  |
|---|---------------------------|------------------------|---|-------------------|--------------|--|--|--|
| Loan No:  |                           |                        |   |                   |              |  |  |  |
| Instructions  |                           |                        |   |                   |              |  |  |  |
| Short Term Loan Application r<br>within an (1) hour of applicati<br>Smart Home Loan LPO which | on upon completion of     | of dully filled forn   |   |                   |              |  |  |  |
| FORMAL EMPLOYM  |                           | BUSINESS REQUIREMENTS  |   |                   |              |  |  |  |
| Dully Filled Loan Form  | • Dul                     | Dully Filled Loan Form |   |                   |              |  |  |  |
| Latest Certified Pay slip   |                           |                        | [6] Six Months Bank Statement - Certified |                   |              |  |  |  |
| Copy of ID  |                           | • Co                   | Copy of ID                                |                   |              |  |  |  |
|   |                           | • Sta                  | nding Order Instructio                    | ns to the Bank [I | DDA Form]    |  |  |  |
| APPLICANT DETAILS   |                           |                        |   |                   |              |  |  |  |
| First Name:   | Surname:                  |                        | Other Name                                | es:               |              |  |  |  |
| ID No Passport No   |                           | Gender:                | M F Date of                               | of Birth: DD MM   | YYYY         |  |  |  |
| Physical Address:   |                           |                        |   |                   |              |  |  |  |
| Mobile No:  |                           | Email Addre            | ess:                                      |                   |              |  |  |  |
|   |                           |                        |   |                   |              |  |  |  |
| EMPLOYER DETAILS  |                           |                        |   |                   |              |  |  |  |
| Company:  |                           |                        | Staff No:                                 |                   |              |  |  |  |
| Occupation:   |                           |                        |   |                   |              |  |  |  |
| IF BUSINESS, FILL IN:   |                           |                        |   |                   |              |  |  |  |
| Physical Location:  |                           |                        |   | Workstation:      |              |  |  |  |
| Postal Address:   | Code: County: Country:    |                        |   |                   |              |  |  |  |
|   |                           |                        |   |                   |              |  |  |  |
| LOAN DETAILS  |                           |                        |   |                   |              |  |  |  |
| LOAN  | TICK                      | REPAYMENT<br>PERIOD    | AMOUNT                                    | INTEREST          | REFINANCING? |  |  |  |
| Emergency Loan  |                           |                        |   | 1.25% PM          |              |  |  |  |
| Smart Home Loan   |                           |                        |   | 1% PM             |              |  |  |  |
| Education Loan  |                           |                        |   | 1% PM             |              |  |  |  |
| FOSA Silver Loan  |                           |                        |   | 5% PM             |              |  |  |  |

1.5% PM

Holiday Loan

Other [Specify]:





| Name   | Staff No                      | ID/PP No                          | Amount<br>[Figures] | Amount In Words                | Signature         | Official<br>Use |
|--|-------------------------------|-----------------------------------|---------------------|--------------------------------|-------------------|-----------------|
|  |                               |                                   |                     |                                |                   |                 |
|  |                               |                                   |                     |                                |                   |                 |
|  |                               |                                   |                     |                                |                   |                 |
|  |                               |                                   |                     |                                |                   |                 |
|  |                               |                                   |                     |                                |                   |                 |
|  |                               |                                   |                     |                                |                   |                 |
|  |                               |                                   |                     |                                |                   |                 |
|  |                               |                                   |                     |                                |                   |                 |
| I agree to abide by                            | all terms ar                  | nd conditions gov                 | erning this produc  | ct/s and any other future o    | amendments.       |                 |
|  |                               |                                   |                     |                                |                   |                 |
| SIGNATURE                                      |                               |                                   |                     |                                |                   |                 |
| Applicant<br>Signature                         |                               |                                   | Date:               | Member No                      | ):                |                 |
|  |                               | FO                                | R OFFICIAL USE      | ONLY                           |                   |                 |
| Approval Credit Manage                         | er:                           |                                   |                     |                                |                   |                 |
| We herewith confirm and appropriate mode of pa | d accept the<br>yment for the | approval above ar<br>above amount | nd hereby authorize | the accountant to disburse the | ne funds as per t | he              |
| Credit Manager:                                |                               |                                   | DD MA               | м үүүү                         |                   |                 |
|  | Signo                         | ature                             |                     | Date                           |                   |                 |
| CEO/Manager:                                   | Signo                         | ature                             | DD MM               | M YYYY<br>Date                 |                   |                 |
| Accountant/                                    |                               |                                   |                     | м үүүү                         |                   |                 |
| Finance Manager                                | Signo                         | ature                             |                     | Date                           |                   |                 |