

REG. NO.....

WINAS SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD

P O BOX 696 EMBU. TEL: 31091 EMBU. FAX 31305

EMAIL: info@winassacco.com

DATE.....

SALARY ADVANCE

DUMISHA ADVANCE

PERSONAL DETAILS

NAME.....TERMS OF EMPLOYMENT.....

DATE OF BIRTH.....ID NO.,.....

PAYROLL/NO.....M/NO.....A/C NO.....

PERMANENT ADDRESS.....

INSTITUTION SCHOOL&ADDRESS.....

Mobile phone

LOAN APPLICATION & REPAYMENT

I,hereby apply for a loan of
Ksh..... (Amount in words).....

Recoverable Within a period ofat a rate of Per month.

Purpose for the Loan/Advance:
.....

IRREVOCABLE CLAUSE: - LOANEE

I hereby declare that I shall commit myself to repaying the **LOAN** granted including interest and that **I SHALL NOT** re-direct my salary to any other pay-point or bank until the salary advance granted is fully paid plus the interest. In case of default to repay the total I authorize the office to recover from my other Savings or take necessary legal action.

APPLICANT'S SIGNATURE.....DATE.....

ADVANCE APPROVAL

Amount recommended of Ksh..... To be paid within a

Period Of.....months at a rate of

LOAN/ADV. CLERK (APPRAISAL).....SIGN.....DATE.....

FOSA SUPERVISOR (APPROVAL).....SIGN.....DATE.....

C.E.O (AUTHORISEDSIGN.....DATE.....

NB: ATTACH COPY OF LATEST PAYSLIP