



KENCREAM SACCO LIMITED

P.O.BOX 30131-00100, NAIROBI
Tel No: 020 3980000 / 0703 756 350
Email: info@kencreamsacco.co.ke
Website: www.kencreamsacco.co.ke

SALARY ADVANCE/SPECIAL SALARY ADVANCE

INSTRUCTIONS TO APPLICANTS

- Complete this loan application form (PART A-C) in CAPITAL LETTERS without any alterations.
- The Applicants Salary must have been channeled through FOSA for at least one month.
- Attach one recent copy of your payslip and ID/Passport.

A: PERSONAL

FULL NAME (as per I.D.) _____
SACCO MEMBERSHIP NO: _____ ID/PASSPORT NO: _____
PLACE OF PRACTICE/EMPLOYER _____ STATION: _____
TERMS OF SERVICE _____ PAYROLL NO: _____
Temporary/Contract/Permanent/Others

B: FULL MAILING ADDRESS & CONTACT

P.O.BOX _____ CODE: _____ TOWN/CITY: _____
TELEPHONE NO: _____ CELLPHONE: _____
EMAIL ADDRESS: _____

C: APPLICATION DETAILS & DECLARATIONS

AMOUNT OF LOAN APPLIED FOR:

AMOUNT (KSH) _____ IN WORDS _____

Repayment Period

☐

Salary Advance (1 Month)

☐

Special Salary Advance (3 Months)

E: CREDIT REFERENCING

Kindly note, by signing this form, you allow Kencream Sacco to share your credit information, either positive or negative, to any authorized credit reference bureau, and also check your credit report for credit appraisal purposes.

Name: _____ ID: _____

Signature: _____ Date: _____

I hereby declare

- That the foregoing particulars are true to the best of my knowledge and belief., I agree to abide by the By-laws of the society; the loaning policy and any variations by the management committee in respect of the loan
- That I give authority to the present & my future employers to recover the loan plus interest from my salary/wages until the loan is repaid fully
- That I give authority to my current and future employers that in case I leave the common bond due to resignation, termination or otherwise when the loan is still outstanding to make such deductions from my salary / wages or benefits other than those safeguarded by the retirement benefit authority and submit on my behalf to Kencream SACCO Ltd to repay my balance.

Signature of Applicant: _____ Date: _____

F: FOR OFFICIAL USE ONLY (Appraisal)

AMOUNT APPLIED (Kshs): _____ Total outstanding Loans (Ksh) _____

AMOUNT RECOMMENDED (Ksh) _____ OVER A PERIOD OF _____ MONTHS.

I certify that the above applicant's details are correct and the same are existing in register to the society.

Appraised By: _____ Signature _____ Date: _____

MANAGER/TREASURERS' COMMENTS:This Loan may be granted/rejected for the amount of Kshs. _____ [in words] _____
_____ Repayable in _____ months.

Name

Signature:

Date:

G: APPROVAL BY CREDIT / TECHNICAL CREDIT COMMITTEE

We have today examined the above loan application and have decided as follows:

Loan approved (figures): Kshs _____ Repayment period _____ Months Amount in
words _____This loan has been approved subject to following conditions OR Reject because of:

Sign: _____ Date: _____

(Chairman Credit Committee/ Technical Credit Committee)

Sign: _____ Date: _____

(Secretary Credit Committee/ Technical Credit Committee)

Sign: _____ Date: _____

*(Member Credit Committee/ Technical Credit Committee)***OFFICIAL
TECHNICAL COMMITTEE /
TECHNICAL CREDIT COMMITTEE
STAMP**