

WASKOM CO-OPERATIVE SAVINGS & CREDIT SOCIETY LIMITED
P.O. BOX 17592
NAIROBI

(A) INSTANT LOAN APPLICATION AND AGREEMENT FORM

NAME

EMPLOYER & ADDRESS

.....

PLACE OF WORK (BRANCH / DEPARTMENT)

HOME ADDRESS

NEAREST SCHOOL / MARKET / POLICE STATION

MEMBER NO TELEPHONE NO.

PAYROLL NO

NATIONALITY AGE ID NO.....

POSITION IN SOCIETY: - MEMBER / COMMITTEE MEMBER / EMPLOYEE

(Specify post held) if any

.....

AMOUNT APPLIED FOR

(In words)

PURPOSE OF LOAN

NB: Maximum amount is Kshs. 20,000/= or 40% of your NET PAY whichever is lower.

(Attach current pay slip & Photocopy of ID both sides)

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and I agree to abide by the By-laws of the Society and the loans policy and any variations of the Management Committee in respect of the **By-laws**. I hereby authorize the necessary deductions to be made from my salary in **one month installment** from my current employer (_____) and all my future employers as payment for this loan. Further I authorize my current employer and any other future employer to pay my terminal benefits to offset my outstanding loan amount to **WASKOM SACCO LTD.**

Signature:

Date:

(B) ELIGIBILITY CALCULATION

- a) Net pay as per latest pay slip Kshs
- b) 40% of the NET PAY as per pay slip Kshs
- c) Maximum Instant Loan amount Kshs. 20,000/=
- d) Instant Loan Amount Approved Kshs:.....
- e) 10% Interest on loan advanced.
- f) Total amount recoverable once Kshs:

Signed,

Treasurer
WASKOM SACCO
DATE.....

Chairman
CREDIT COMMITTEE
.....

I (*name*)..... acknowledge receipt of Kshs.....

Signed.....Date.....

For office use only

The paying Accountant,

..... please recover an amount of
Kshs. in one month installment on behalf of WASKOM SACCO LTD being
amount advanced to your employee M/s.....payroll
No..... who is our member No..... The amount was advanced on
..... through cash/cheque No.....

Signed,

MANAGER
WASKOM SACCO LTD