

# AFYA SACCO SOCIETY LTD

## SALARY ADVANCE FORM



AFYA CENTER, TOM MBOYA ST.  
 Email: [customercare@afyasacco.com](mailto:customercare@afyasacco.com)  
 Website: [www.afyasacco.co.ke](http://www.afyasacco.co.ke)  
 Tel. [0715 331 111](tel:0715331111) | [0117 530 530](tel:0117530530)

Application Date:

### REQUIREMENTS (COMPLETE this form in FULL)

1. The applicant must attach 2 latest original payslips.
2. Minimum guarantors are 4 for amount below 50,000/= and 6 for amounts above Kshs. 50,000/=.
3. Guarantors must have their salaries processed through FOSA .
4. Shares/Deposits ABF and society loans should be active (For applicants who are Sacco members).
5. The applicant shall pay 5% commission on the amount of the special loan.
6. The maximum repayment period for members is 48 months and for non-members 12 months.
7. The applicant shall be left with at least Kshs. 2,000/= after recovery of both principal and interest from the net salary.

In connection with this application and/or maintaining a credit facility with Afya Sacco Ltd, I authorize Afya Sacco Society Ltd to carry out credit checks with or obtain my credit information from a credit reference bureau. In the event of the account going to default, I consent to my name, transaction and default details being forwarded to a credit reference bureau for listing. I acknowledge that this information may be used by banking institutions and other credit grantors in assessing applications for credit by me, associated companies and supplementary account holders and for associated debt tracing and fraud prevention purposes.

Applicant's Full Names.....ID NO.....  
 Fosa Account Number.....Fosa Branch.....  
 Are You A Member? Yes/No.....Employer.....  
 P/NO.....Mobile No.....  
 Amount (In Figures)..... (words).....  
 Net Salary .....Repayment Period.....Amount.....

### **Disclose the purpose of loan Application (Tick and Fill in Where Appropriate)**

TICK	CODE	MAIN SECTOR	SUB SECTOR
	Code 1000	Agriculture	
	Code 2000	Trade	
	Code 3000	Manufacturing & Service Industry	
	Code 4000	Education	
	Code 5000	Human Health	
	Code 6000	Land & Hosing	
	Code 7000	Finance	
	Code 8000	Consumption & Social Activities	

**APPLICANT SIGNATURE.....DATE.....**

**QUARRANTORS**

In consideration of guaranteeing the above amount, we the undersigned do hereby accept jointly and severally for the repayment in event of borrower's default.

1. Name.....ID No.....  
FOSA No.....P/No.....Mobile No.....  
Email address .....Signature.....
  
2. Name.....ID No.....  
FOSA No.....P/No.....Mobile No.....  
Email address .....Signature.....
  
3. Name.....ID No.....  
FOSA No.....P/No.....Mobile No.....  
Email address .....Signature.....
  
4. Name.....ID No.....  
FOSA No.....P/No.....Mobile No.....  
Email address .....Signature.....
  
5. Name.....ID No.....  
FOSA No.....P/No.....Mobile No.....  
Email address .....Signature.....
  
6. Name.....ID No.....  
FOSA No.....P/No.....Mobile No.....  
Email address .....Signature.....

**FOR OFFICIAL USE ONLY**

Guarantors And All Other Details Verified By:.....Sign.....

CRB Remarks.....

Previous Advance Balance Kshs.....

**Full Name.....Sign.....Date.....**

**RECOMMENDATION BY FOSA MANAGER**

I have vetted this advance application form. The application should be accepted/rejected for Kshs.....repayable in .....months.

Principal.....Interest.....This advance application has been rejected/reduced for the due to the following reasons .....

**Full Name.....Sign.....Date.....**

**APPROVAL**

Amount Approved:(In Figures) Kshs.....(words).....

GM HR & ADMIN (Name).....

Signature.....Date.....

Advance No.....

**Posted By: Name.....Sign.....Date.....**