

# MWITO SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD.

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## APPLICATION FOR FOSA SALARY ADVANCE:

LOAN NO .....

### (A) APPLICANT'S DETAILS

1. NAME ..... 2. EMPLOYER .....
3. PRESENT ADDRESS .....
4. STATION. .... 5. PERSONAL NO. ....
6. TEL (MOBILE NO.) ..... EMAIL ADDRESS. ....
7. POSITION IN EMPLOYMENT ..... 8. TERMS OF SERVICE .....
9. POSITION IN SOCIETY ..... (Specify if Member; Delegate, Official, Employee)
10. DATE OF BIRTH ..... AGE ..... I/D NO. ....
11. AMOUNT APPLIED KSHS ..... IN WORDS .....  
.....
12. REPAYMENT PERIOD ..... NO. OF MONTHS.
13. I WISH TO BE PAID THROUGH FOSA ACCOUNT:  
FOSA A/CNT NO. ....

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the bylaws of the Society and all Sacco regulations in regards to loan policy and advances. I hereby authorize the necessary deductions to be made from my salary as repayment for this advance.

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

# FOR OFFICIAL USE ONLY

## (C) ELIGIBILITY CALCULATIONS.

- (a) Applicant's Net Salary .....
- (b) Outstanding Advance Kshs .....
- (c) Amount currently requested Kshs .....
- (d) New Total advance Kshs .....
- (e) Applicants' Three Months Average Net Pay Kshs .....
- (f) Amount recommended Kshs .....over a period of ..... Months
- (g) Any reason (s) for rejection  
.....  
..... Signature ..... Date .....

## (D) APPROVAL

This advance may be granted/rejected for Kshs ..... repayable in ..... months.

This application is deferred / rejected for the following reasons: .....

Approved by ..... Signature ..... Date .....

## (E) DISBURSEMENT

Cash/Cheque No ..... Amount ..... Signature .....

Posted/ Collected by ..... I/D No ..... Date .....

Posted to FOSA A/CNT No.....Date .....

Posted by ..... Signature ..... Date .....

## (F) LOAN / ADVANCE RECOVERY

Deductions effected for ..... At the rate of Kshs. ....

Name ..... Signature ..... Date .....

READY TO SERVE