

A. MEMBER DETAILS:-

P.O Box 10263 - 00100 GPO **NAIROBI** TEL:020 8002371/2 Cell: 0715 114454 / 0736 710906

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## **KENVERSITY SACCO SOCIETY LIMITED**

## **PART-PAYMENT APPLICATION FORM**

1.	APPLICANT FULL NAME_				
2.	MEMBER NUMBER	P.F. NUMBER	AGE		
3.	NATIONAL I.D CARD/PASS	SPORT NO	MOBILE NO		
	I hereby do request for a part p				
	om	loan (Type) applied for or			
<u>B.</u>	TERMS AND CONDITIONS	<u>:-</u>			
1.	Part payment shall comprise of 50% of the net payable up to a maximum of Kshs. 200,000 (subject to availability of funds), outstanding Sacco & external loans shall be cleared.				
2.	That recovery of the part payment granted shall commence immediately the part payment is released to the member.				
3.	That the part payment shall be granted once and the balance to queue.				
4.	Part payment shall be applicable for Normal, Super, Fahari, Boresha and Maendeleo loans.				
	Signature:		Date:		
<u>C.</u>	FOR OFFICIAL USE:-				
Received by:		Signature:	Date:		
Prepared by:		Signature	Date:		
Lo	oans officer				
Recommended by		Signature	Date:		
C.	E.O/Senior Accountant				
Approved/Not Approved:		Signature:	Date:		
Cł	nairman/Hon.Secretary/Treasu	ırer			



