

KENVERSITY CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED
KENVERSITY UTILITIES' LOAN APPLICATION FORM

01409

SERIAL NO.

(I) PARTICULARS

NAME MNo..... PF No.....
 (work -station).....
 in the Department/Section

I hereby apply for; (Tick in the box provided)

- Solar Products/Jiko (Type) (Specification).....
- Mabati (Type) (Specification).....
- Tanks (Type) (Specification).....
- Car Insurance (Registration Number).....
- Hot point appliances (Type)(Specification).....
- AA Driving Class BCEClass E.....(Nominee).....
- Mobile phone (Type)..... (Specification).....
- Others (Details).....
 Kshs.....(Amount in words).....

(II) UNDERTAKING

I, undertake to repay the utility loan within a period of twelve months without failure and at an interest rate of 2% per month on a reducing balance.I accept that default or delay in payment should attract a penalty charge of 5% per month and above 2% interest without further reference to me.

SIGN DATE

(III) CONFIRMATION (For Diamond Members Only)

Please confirm to us by signing the space below, the member's employment status and the department assigned.

Name of the employee
 ID No.....
 Gross Salary Ksh.....
 Net Salary Ksh..... (Amount in words)

Date of approval: From..... To

Authorized by: Name Signature

Official Stamp.

(IV) REPAYMENT GUARANTEE

We the undersigned guarantee repayment of the above and will be held jointly and severally liable for any costs incurred and any amount in default

- 1. Name MNo..... PFNo..... Sign..... Date
- 2. Name MNo..... PFNo..... Sign..... Date

(V) AUTHORITY TO FINANCE DEPARTMENT

I hereby authorize the Finance Officer enyatta University/Other Institutionto deduct Kshs.per month and any other amount that may be in default from my salary with effect from.....(Date)being payment towards Kenversity Utility loan advanced to me.

SIGN DATE

(VI) ASSESSMENT

- (a) Gross salary Kshs.....
- (b) Net salary Kshs.....
- (c) Prepared by.....
 Signature Date
- (d) Verified by the Accountant (Amount).....(Words).....
 Signature Date
- (e) Approved by thr BOD Manager/Fosa Accountant (amount).....(Words).....
 Signature Date