



HAZINA SACCO SOCIETY LTD

P.O.BOX 59877 – 00200 NAIROBI TEL NO. 2722106/2719098

E-MAIL: info@hazinasacco.or.ke/ hazinasacco@yahoo.com

Application No.....

SALARY IN ADVANCE REQUEST FORM

Terms and conditions for salary advance

1. Applicant must be a holder of FOSA salary account and earn their salary through this account.
2. Attach two original copies of most recent pay slip.
3. Maximum amount will be 50 % of expected net salary
4. Commissions of 10% to be charged upfront
5. The advance is to be repaid within one month.

I agree to abide by all the terms and conditions governing this advance and any other future amendments.

Applicants signature.....

Date.....

PERSONAL DETAILS

TSC/ PERSONAL NUMBER ID/NO.....

Applicants name Mobile Phone Number.....

Telephone number Working Station.....

Applicants employer P.O.Box.....

Department

Salary account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADVANCE DETAILS

Amount applied for in (figures) Kshsin words.....

I do herein agree to channel my monthly salary through the FOSA which acts as security.

Authority is granted to recovery in whole inclusive interest accrued and any other charges applicable.

FOR OFFICIAL USE ONLY

Recommendation by *Designation*.....

Amount(Figures)

Comment

Signature..... *Date*.....

Approved by

(FOSA SUPERVISOR/FINANCE MANAGER/ACCOUNTANT)

Amount (*Words*).....

Comment

Signature..... *Date*.....