



HAZINA SACCO SOCIETY LTD

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Serial 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. **I further willingly provide the personal information and consent to its use as prescribed in the Hazina Sacco Data Protection Policy (The policy is available on our website www.hazinasacco.or.ke and any of our offices)**

Applicants signature..... Date.....

PERSONAL DETAILS

Applicant's Names _____ ID No: _____

Personal Number _____ Mobile No: _____ Membership Number: _____

_____ Employer _____ Email: _____

ADVANCE DETAILS

Amount applied for in (figures)

Kshs: _____ (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

Confirmed by _____ date _____

Approved by _____ date _____