SALARY ADVANCE APPLICATION & APPRAISAL FORM



Branch				
Account Number		Date of Application		
CIF Number				
Applicant's Details:				
Applicant's Names:				
A/C Number: Employment No:				
Postal Address: P.O. Box				
Work Station:Department:				
Telephone No:(Personal):(Office):				
Name of Employer:				
Employer's Address: P.O. Box				
Gross Salary: Kshs Net Salary: Kshs				
Advance Required: Kshs				
(Amount in words Kshs				
Purpose For The Advance:				
Repayment Undertaking by Applicant				
	Of P.O.	ВохТо	ownCode:	
hereby confirm that the above information is true to the best of my knowledge. I hereby authorize				
Family Bank Limited to debit my savings account numberwith				
Kshsonce my next monthly salary is paid by my employer.				
By this clause, I also authorize my employer namedto				
pay the same amount, plus any other accrued charges, to Family Bank Limited from my final dues,				
should I lose my employment or terminate my services with the employers named above.				
I append my signature below as a sign of acceptance of all terms and conditions of this agreement as listed on both pages of this form.				
Applicant's Name:				
ID Number: Signature:				

Repayment Guarantee

We the undersigned, hereby accept jointly and severally, liability for the payment of the advance in the event of the borrower's default. We understand that the amount in the default may be recovered by attachment of our property or salary and that we shall not be eligible for loans or advances unless the amount in default has been cleared in full.

dualantois (Account noiders in	raining banky		
1. Name	A/C No		
Mobile. No	Amount Guaranteed		
Date	Sign		
2. Name	A/C No		
Mobile. No	Amount Guaranteed		
Date	Sign		
	A/C No		
	Amount Guaranteed		
Date	Sign		
4 Namo	A/C No		
•	Amount Guaranteed		
	Sign		
	3igir		
For Bank Use Only			
A/C Balance:	Last Salary Received: Kshs:		
30% of Last Salary: Kshs	Handling Fee Recovered: Kshs		
Authorization Done on Computer? Yes/No Amount Approved: Kshs			
Appraising Officer:			
Name:			
Title:			
_	Date:		
Credit Supervisor/Manager:			
Name:			
Title:			
Signature:	Date:		
	Official Stamp		