



Prestige Advance Application Form

PERSONAL DETAILS

I _____ A/C NO _____ ID No _____

ADDRESS _____ TEL No _____ EMPLOYERS' NAME _____

EMPLOYER'S ADDRESS _____ CHECK No _____ Hereby apply for an advance

Kshs _____ (In words) _____

ONLY. To be recovered in _____ months, immediately salary is received.

I agree to abide by all the conditions given below. This application serves as a mutual & voluntary agreement between myself and the society and will be terminated on full settlement of the advice and its interests.

SIGNATURE

DATE

GUARANTORS COMMITMENT

We undersigned, accepts, jointly and severally, liability for the repayment of the advance in the event of the borrower's default.

Account No.	Name	Address	Employer's Name	Signature

OFFICIAL USE ONLY

AMOUNT OF NET SALARY PASSING THROUGH FOSA KSHS _____ x60 _____

RECOMMENDED/NOT RECOMMENDED KSHS _____

ADVANCE CLERK'S SIGNATURE _____ DATE _____

F/SUPERVISOR'S REMARKS _____

FOSA SUPERVISOR'S SIGNATURE _____ DATE _____

CONDITIONS

1. Maximum advance will depend on **applications ability to pay**.
2. Applicant's **salary must** be passing through the FOSA section.
3. Applicant must have serviced in full any outstanding advance.
4. Advances are considered on the spot subject to the availability of funds.
5. Advances will not be granted to members who have **bad credit** history.
6. Advances must be guaranteed by at least **three members** who's salaries pass through the FOSA section.
7. Interest on advance is 5% per month.
8. Maximum repayment period is three months.
9. In case of default in servicing the loan amount herein, **the society reserves the right to share the credit information with other financial institutions, public authorities and the licensed Credit Reference Bureaus and when requesting for a loan referencing to be done subject to any applicable law.**

