



SETYON SACCO
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MEMBER NO.

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SALARY ADVANCE APPLICATION FORM

A. PERSONAL DETAILS.

Applicant's name..... Staff no

Account number.....ID/No

Mobile Phone number.....

B. EMPLOYMENT DETAILS (To be completed by Payroll officer/Hr)

Name of employee..... Payroll No.....

Terms of service; contract, temporary, permanent or other.....

Contract period..... End date.....

Payroll officer name.....Signature.....Date.....

Signature with stamp.....

C. ADVANCE DETAILS

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

Duration in months one ☐ two ☐ three ☐ tick where applicable.

D. GUARANTORS DETAILS

NAME	ID	STATION	MEMBER NO	SIGN	DATE

FOR OFFICIAL USE ONLY

Recommendation by Appraising Officer

Amount..... Comment

Signature.....Date.....

Approved by Approving Officer/posting officer

Amount.....

Signature..... Date.....

Terms and conditions for salary advance

1. Applicant must be a holder of FOSA account and earn their salary through this account.
2. Attach two original copies of most recent pay slip.
3. Maximum amount will be 80% of expected net salary.
4. Commission will be charged or as may be provided by the current tariff guide
5. The advance is repayable within 1 months with an interest of 10% per month,3months(14%)
6. There will be a one-off charge as appraisal and insurance fees upon approval of this Advance.

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

Applicant's signature;