

## TRANS NATIONAL TIMES

P.O. BOX 2274 - 30200

Teachers Plaza, First Floor

Next to Divisional Police Headquarters

Kitale, Kenya.



## SACCO SOCIETY LTD

Customer Service No:0111050510

Website: [www.tntsacco.co.ke](http://www.tntsacco.co.ke)

Email: [info@tntsacco.co.ke](mailto:info@tntsacco.co.ke)

**FORM: TNT 42**

**PAYBILL NO: 533888 ACCOUNT NO: WRITE YOUR ID NUMBER**

### EMPLOYERS' AUTHORITY TO APPLY FOR LOANS AND ADVANCES

EMPLOYEE NAME: MR/MRS/MS -----

NATIONAL IDENTITY CARD NUMBER: -----

EMPLOYMENT NUMBER: -----

TERMS OF EMPLOYMENT: PERMANENT ☐ CONTRACT ☐ (IF CONTRACT SPECIFY PERIOD).

MOBILE PHONE NUMBER: -----

EMPLOYER'S NAME: -----

EMPLOYER'S ADDRESS: -----PHONE NO. -----

LOAN TYPE: -----REPAYMENT PERIOD: ----- (MONTHS)

LOAN AMOUNT: ----- (FIGURES) ----- (IN WORDS)

### DECLARATION BY EMPLOYEE:

I MR/MRS/MS ----- would like to apply for the above stated loan from Trans National Times Sacco and I undertake to repay the loan in accordance with the loan agreement terms and conditions.

SIGNATURE: -----DATE: -----

### EMPLOYERS' AUTHORITY:

I certify that the above-named person is a bona-fide employee of my institution and I consent to his application for a loan/advance from Trans National Times Sacco. I undertake to make monthly deductions from his/her salary and remit the cash/cheque in respect to the aforementioned loan/advance to the Sacco until the loan and interest thereon is fully repaid. In the event employee resigns or contract is terminated, the Employer shall ensure loans are repaid in full.

Yours faithfully,

MR/MRS/MS -----SIGNATURE-----DATE-----

PRINCIPAL/HEAD OF INSTITUTION-----OFFICIAL STAMP-----