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FOSA EXPRESS APPRAISAL FORM

WARD:			
MR./MRS./MISS. DEPARTMENT. WARD. TELEPHONE NO.	ERMS OF SERVICE	SCHOO	AGE L
PART 1 PRESENT GROSS SALARY KSHS NET SALARY KSHS			
PART II LOAN AMOUNT REQUESTED PROPOSED RECOVERIES KSHS SIGNATURE		P.M. INTERES	ST (2%) KSHS
FOR OFFICE USE PART III A.SHARE CAPITALLOAN OUTSTANDING KSHSPREVIOUS LOAN TAKEN IN THE NAME LAST DATE OF DEDUCTION	MONTH OF		
II LOANS DEPARTMENT 1. AMOUNT RECOMMENDED. 2. TOTAL MONTHLY PAYMEN 3. THE APPLICANT IS/NOT A C KSHS PREMIUM AMOUNTS KSHS	NTS GUARANTOR OF LOA TAKEN IN	AN BEING DEF	FAULTED OF
B: REMARKS BY LOANS OFFICER			
ACCOUNTANT			
CEO'S REMARKS			
CICNATUDE			