



KEYSTONE DT SACCO
The Sacco of Choice

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SCHOOL FEE LOAN APPRAISAL FORM

MR./MRS./MISS.....TSC NO.....MNO.....
DEPARTMENT.....TERMS OF SERVICE.....AGE.....
WARD.....BASE.....SCHOOL.....
TELEPHONE NO.....

PART I

PRESENT GROSS SALARY KSHS.....
NET SALARY KSHS.....

PART II

LOAN AMOUNT REQUESTED.....REASONS.....
PROPOSED RECOVERIES KSHS.....P.M. INTEREST KSHS.....
SIGNATURE.....DATE.....

FOR OFFICE USE

PART III

A.SHARE CAPITALSHARE/CONTRIBUTION
LOAN OUTSTANDING KSHS.....
PREVIOUS LOAN TAKEN IN THE MONTH OF.....
LAST DATE OF DEDUCTION...(Applies to Normal Loan Only)

II LOANS DEPARTMENT

1. AMOUNT RECOMMENDED...2/3 OF GROSS SALARY
2. TOTAL MONTHLY PAYMENTS
3. THE APPLICANT IS/NOT A GUARANTOR OF LOAN BEING DEFAULTED OF
KSHS.....TAKEN IN.....200.....
PREMIUM AMOUNTS KSHS.....

B: REMARKS BY LOANS OFFICER

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ACCOUNTANT.....

MANAGER'S REMARKS.....

SIGNATURE.....