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**P.O BOX 2073, TEL (057) 2024767, MOBILE: 0799946225, KISUMU – KENYA**

**Email: keystonedtsacco@gmail.com, info@keystonedtsacco.co.ke Web: www.keystonedtsacco.co.ke**

**LOAN REQUISITION AND RECOMMENDATION FORM**

I……………………………… MNO…………………………….. IDNUMBER…………………… HEREBY APPLY FOR (………………………………………….) LOAN OF KSHS…….........................(IN WORDS) KSHS……………………………………………………………TO BE PAID IN EQUAL INSTALLMENTS OF KSHS…………….......PLUS INTEREST FOR A PERIOD OF …………… MONTHS

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Loan Name** | **Outstanding Balance** | **Outstanding Loan Period** |
| 1. | Advance A |  |  |
| 2. | Advance B |  |  |
| 3. | Advance C |  |  |
| 4. | Rescue Loan |  |  |
| 5. | Normal Biashara |  |  |
| 6. | M-Keystone |  |  |
| 7. | Jiinue |  |  |
| 8. | Jiinue Boost |  |  |
| 9. | Inua Loan |  |  |
| 10 | Rescue Plus |  |  |
| 11. | Normal Loan |  |  |
| 12. | Ufanisi Loan |  |  |
| 13. | BOSA Express |  |  |
| 14. | FOSA Express |  |  |
| 15. | Karibu Keystone |  |  |

***I commit & authorize my employer to deduct and remit any pay due in-case of termination or change of paypoint to clear my liability.***

SIGNATURE…………………………… TEL………………………. DATE……………………………

**TO BE FILLED BY EMPLOYER**

NAME OF INSTITUTION……………………P.O BOX …………… TEL ……………………..

***WE HEREBY CONFIRM THAT THE ABOVE PERSON IS EMPLOYED BY THIS INSTITUTION AND IS STILL ON PAYROLL.***

**RECOMMENDATION**

**HUMAN RESOURCE MANAGER**

***We further commit incase of termination of employment channel any (employee) pay due to clear the member’s liability with the Sacco.***

NAME ……………………………………INSTITUTION………………………………………

SIGNATURE …………………………DATE…………………………………………………

OTHER PENDING DEDUCTIONS…………………………………………………………

**COMMENT (RECOMMENDED/NOT RECOMMENDED)**

……………………………………………………………………………………………………

**ACCOUNTANT/PAYROLL OFFICER**

***We further commit incase of termination of employment channel any (employee) pay due to clear the member’s liability with the Sacco.***

NAME ………………… SIGNATURE……………………………… DATE ………………..

**COMMENT (RECOMMENDEND/NOT RECOMMENDED)**

……………………………………………………………………………………………

OFFICICAL STAMP………………………………………………………………………………