



**THE NOBLE SACCO LIMITED  
REG. NO. 2624**

P.O Box 3466, Tel:053 – 2002423 Eldoret, E-mail: *info@noblesacoo.co.ke*

**FOSA  
SUPREME SALARY ADVANCE**

(REPAYMENT PERIOD - 30 MONTHS)

**REQUIRMENTS:** (1) PHOTOCOPY OF LATEST PAYSLIP  
(2) COPY OF NATIONAL ID

**A. FOSA ACCOUNT NUMBER**

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NAME OF APPLICANT: .....

MOBILE NO. ....

T.S.C No: .....IDNO: ..... M/No .....

EMPLOYER \_\_\_\_\_ CURRENT STATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ SCHOOL \_\_\_\_\_

**B.** I apply for salary advance of Kshs \_\_\_\_\_ (shillings in words)

.....  
.....

**C.** The advance and interest to be repaid in \_\_\_\_\_ month at rate of Kshs \_\_\_\_\_

**D. PURPOSE OF THE ADVANCE:** .....

**E. SECURITY OFFERED FOR THE ADVANCE**

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

*F.I hereby declare that forgoing particulars are true to the best of my knowledge and agree to abide by the rules and the bylaws of the society. Besides, I hereby authorize the necessary deductions including 2% interest monthly, to be made from my salary as repayment for this supreme advance.*

**SIGNATURE OF THE APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**G. REPAYMENT GUARANTEE**

*We the undersigned hereby accept jointly and severally liability for the repayment of the salary advance in the event the borrower's default. We undertake that the amount in default may be recovered by attachment of my/our salary, an offset against our shares in the society, or by attachment of my/our property and that shall not be eligible for loans unless the amount in default has been cleared in FULL*

*Our source of wealth*

**NOTE.FOR ONE TO GUARANTEE SALARY ADVANCE, HIS/HER SALARIES ARE CURRENTLY PAID THROUGH FOSA AND A MEMBER OF THE SOCIETY.**

**GUARANTORS INFORMATION**

S/N O	TSC.NO	NAME	M/No	STATION & ADDRESS	Amount	SIGN
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

**FOR OFFICIAL USE FOSA SECTION**

- A) Amount Applied                      Kshs \_\_\_\_\_
- B) Savings Account Balance        Kshs \_\_\_\_\_
- C) Advance Balance (If Any)        Kshs \_\_\_\_\_
- D) Is the Clearance Form Filled    Kshs \_\_\_\_\_
- E) Advance Recommended            Kshs \_\_\_\_\_

**OPERATIONS MANAGER** \_\_\_\_\_ **SIGN** \_\_\_\_\_

**DATE** \_\_\_\_\_

**APPROVAL**

**ADVANCE APPROVED KSH** \_\_\_\_\_

**Confirmed by: G/MANAGER/ACCOUNTANT SIGN** \_\_\_\_\_

**DATE** \_\_\_\_\_