AFYA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED
P.O. BOX 11607-00400 NAIROBI.

APPLICATION FOR FOSA SPECIAL LOAN

Applicant's Name.....
P/NO. ..... Date.....
Fosa A/C No. ..... Employer.....
Fosa Branch ..... Station.....
Amount required for Cash Clearance in figures (Kshs.) .....
Amount in words .....
.....

I accept to pay interest at the rate of 10% of the amount of the special loan.

SIGNATURE OF APPLICANT .....
PURPOSE: To cash clear loan(s) totaling Kshs.....

LOAN TYPE	RATE	BALANCE
Capital		
Instant		
Emergency		
Other		
Total		

AMOUNT OF LOAN APPLIED FOR;

LOAN TYPE	AMOUNT
Capital	
Instant	
Emergency	
Other	

This loan will be partly used to offset the special loan, plus interest in full.

OFFICIAL USE:

LOANS OFFICE: QUALIFIES FOR KSHS.....
SIGN: .....
FOSA SUPERVISOR .....
MANAGER FOSA .....

NB: Please note that no cash will be paid to the applicant Stoppage will only be effected upon disbursal of the new loan

For official use only:

Officer who worked on this case

Registry Checked by.....
Signature.....

MPA Balance certified by.....
Signature.....

FOSA A/c Debited by.....
Signature.....