

SALARY ADVANCE APPLICATION FORM

Name: _____ First name _____ Middle name _____ Surname _____

Current (Salary) account number: _____ Salary received since: ____ (Year) _____

LOAN REQUEST

Amount (KES): _____ Repayment Period: 1 month 2 months 3 months 4 months 5 months 6 months

Current Net Salary: _____ Purpose for loan: _____

PERSONAL DETAILS

ID/ Passport number: _____ KRA PIN No.: _____ Postal address: _____

Postal code: _____ Email address: _____ Mobile: _____

Current residential address: (please give full details) _____ street name, estate, house no. etc

Length of stay at current residence: _____

WORK DETAILS

Employers name: _____ Occupation: _____

Years In current employment: _____ Employer physical address: _____

Postal address: _____ City: _____

INTEREST RATE

	Arrangement fee (Charged Upfront)	
	Interest Rate %	Amount
Salary Advance		

PERSONAL LOAN INSURANCE

Benefits schedule	Loan amount	Tenure (mths)	Rate per month	Premium payable	Signature
Death, Disability, (Critical Illness and Retrenchment)					

Loan protection covers the outstanding balances in the event of death; permanent disability or retrenchment of the borrower



NEXT OF KIN DETAILS

Name: _____ Relationship: _____

Telephone (Home): _____ Telephone (Work): _____

CUSTOMER DECLARATION

1. I certify this information is true and correct and authorize NCBA to contact any source for confirmation. I have read and understood or have been explained to (in a language I understand) the General Terms and Conditions (available at www.ncbagroup.com) of this facility and I agree to be bound by them. Acknowledge that I am bound by any variations the Bank makes on these General Terms and Conditions. I understand NCBA reserves the right to decline this application without giving reasons.
2. I understand the interest of this loan is variable and will be applied at the Bank's current prevailing Interest rate. I instruct NCBA to credit the loan amount approved to my account number with yourselves upon approval of my loan.
3. I authorize the Bank to deduct any premiums payable towards such insurance cover and facility fee from the loan granted.
4. I agree to immediately inform NCBA should my employment status change and I further confirm that I shall NOT change my salary paypoint from NCBA until I have paid off the loan in full.
5. I authorize the NCBA to obtain any information it may require relating to this application form from my employer, if any, and from any other source to which it may apply. Each such source of information is hereby authorized by me to provide you with such information.

PLEASE TICK AS APPLICABLE

In the event that the amount I qualify for is less than the amount requested

- I instruct the bank to contact me before crediting my account.
- I authorize the bank to create a loan account in my name(s) and disburse the approved amount without reference to me.

AUTHORITY TO EMPLOYER

- I hereby authorize my employer to pay my salary, allowances, gratuity and all other benefits directly to my account number with NCBA with immediate effect; or
- I also hereby authorize my employer to pay any terminal benefits or final salary directly to NCBA in the event of termination of my employment.

Signature of applicant: _____ Signature: _____

Designation: _____ Date: _____

CONFIRMATION BY EMPLOYER

I confirm that the applicant is an employee of _____ and that the details given above are true, and confirm having noted the instructions/ request to channel his/her monthly salary and the assignment of all terminal dues excluding pension to the Bank. I/We also confirm there is no disciplinary case current or pending against the employee, nor is (he/she) under notice to resign

Employer's name: _____ Signature: _____

Designation: _____ Date: _____

OFFICIAL USE ONLY

Official Stamp
