

FOSA OVERDRAFT APPLICATION FORM

A. APPLICANT'S DETAILS

I, _____ of FOSA A/C No. _____
TSC/PF No.: _____ wish to apply for an overdraft facility of KShs. _____
recoverable from my account upon receipt of funds for credit to my account.

I hereby on execution of this form as an applicant explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by the Sacco for the purposes of assessing and processing of this loan application and it's future analysis whether in electronic or other form.

Name: _____ Signature: _____ Date: DD / MM / YYYY

B. *FOR OFFICIAL USE ONLY

APPROVAL

Amount approved: _____

Interest payable at 10% KShs. _____

Name: _____

Signature: _____

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