Mwalimu National

Mwalimu Towers, Hill Lane off Mara Road – Upper Hill.

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SMS only: 20156

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KARIBU LOAN APPLICATION FORM

Purpose

This is an advance to enable new teachers settle in their new stations.

No.	Terms and Conditions		No.	Required Documents		
1.	Applicable interest rate is 1.5% per month		1.	Posting letter from TSC		
2.	Eligible to newly employed teachers		2.	Certified id copy		
3.	Repayment period is 12 months		3.	Witnessed by the Principal		
4.	The maximum loan amount for Permanent teachers is KShs. 100,000/= disbursed once. The maximum loan amount for Intern teachers is KShs. 30,000/= disbursed once.			or Deputy Principal		
5.	Mode of recovery is salary. The credit shall be paid direct to the Member's FOSA account.					
6.	Loan application form to be accompanied by Membership Application and FOSA Salary forms to Mwalimu National.					
You hereby on execution of this form as an applicant explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, your personal data as described in this document by and among, as applicable, the Sacco and its subsidiaries for the purpose of assessing and processing this loan application and any future product analysis and marketing whether in electronic or other form.						
A	Applicant's Name (in full):					
TSC	/PF NoID NoMo	bil	e No.:_			
Ema	il Address:					
FOSA	A Acc. No:					
В	School/institution:		Cour	nty:		
Emp	bloyer:Employer 's Address:					
Code	e:Tel. No.:					
Tern	ns of employment (tick as applicable): Permanent Intern]				
C	Amount of advance applied KShsin words					
7 1	e of advance: Karibu loan Repayable in 12 months. sent for credit referencing in case of default:					
Offic	ial Signature:		Date:			

D Endorsement by Principal	/Deputy Principal (Name)			
Date:S	Sign:Official stamp:_			
EOD OFFICIAL LICE ONLY				
FOR OFFICIAL USE ONLY:				
1. CREDIT EXAMINATION BY C	REDIT OFFICER			
Recommended amount:				
Name:	Signature:	Date:		
Mode of recovery:	Repayment period	Repayment period:		
2. CREDIT APPROVAL BY MAN	AGER			
Name:	Signature:	Date:		
3. CREDIT POSTING				
Amount posted:	FOSA Account:			
Full Name:	Signature:	Date:		