

APPLICATION FOR SALARY ADVANCE

PERSONAL DETAILS

Name.....A/c No.....PF/No.....ID.NO.....
Work Station/Address.....Tel.No.....Net Salary Kshs.....
Advance amount requested Kshs.....(in words).....

I agree that the advance will be recovered in full plus related interest at 10% per month from the current month's net salary. Attached herewith is a copy of my current month's payslip.

SIGNATURE.....DATE.....

SCHOOL FEES LOAN DEDUCTIONS: Kshs.....

SALARY ADVANCE BALANCE: Kshs.....

Net Salary after deductions: Kshs.....

FOSA OFFICIAL USE ONLY

APPRAISING OFFICER

Recommended/Not Recommended Kshs.....In..... Month/s

Keyed in by.....Signature.....Date.....

FOSA MANAGER

Approved/Not Approved Kshs.....In..... Month/s

Signature.....Date.....

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