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FOSA SALARY COMMITMENT FORM

To be completed in Duplicate (For Employer and the SACCO)

PART 1 - PERSONAL INFORMATION OF THE LOAN APPLICANT

Full Names: Prof/Dr/Mr/Mrs/Miss ID No / PP No
 Employer's Name Payroll No
 Employer's Postal Address: Current Work Station

PART 2 - NEW LOAN APPRAISAL BY APSTAR SACCO

We confirm having appraised the member's new loan application as submitted by him/her.

Loan Particulars: Loan No: BLN....., Loan Type:

Amount Approved: Kshs (Figures) (Words)

..... repayable for Months at Kshs per month.

Henceforth, the total FOSA obligations of the member's net salary towards the new loan and other outstanding obligations in the SACCO is Kshs per month.

Appraising Officer: Name: Official Rubber Stamp, Signature & Date

PART 3 - DECLARATION BY THE LOAN APPLICANT

I hereby;

- a)** Confirm the particulars in Parts 1 and 2 above.
- b)** Declare that I will not commit my salary further through other loan obligations or otherwise outside Apstar SACCO resulting to reduction of my net salary below my total FOSA obligations stated in Part 2 above.
- c)** Declare that I will not change my salary pay point from Apstar SACCO FOSA before this loan is fully repaid.
- d)** Should my loan account accrue any arrears or default by virtue of subsequent salary commitments or change of my salary pay point against this declaration, Apstar SACCO shall have a right to immediately recall the full loan balance and/or take loan recovery measures against me and/or my guarantors.

Loan Applicant's Signature & Date

PART 4 - EMPLOYER'S COMMITMENT

We have no objection to the staff's access to the loan facility as above. WE HEREBY COMMIT NOT to effect any subsequent loan obligations on the salary of this staff or effect change of salary pay point before obtaining prior written concurrence or clearance by Apstar SACCO with reference to his/her FOSA loan obligations.

This is our commitment done in good faith to be executed as such with no resulting liability to our organization.

Payroll / HR Officer (Name) Official Rubber Stamp, Signature & Date
 (To retain a copy of this Form)