

**MINISTRY OF FOREIGN
AFFAIRS STAFF WELFARE
ASSOCIATION**

**P. O. BOX 30551
00100- NAIROBI**

TO:
THE CHAIRMAN

RE : WELFARE LOAN APPLICATION

Normal Loan

Emergency Loan

(Tick whichever is applicable)

A. APPLICANT'S PARTICULARS

1. FULL NAMES.....
2. PERSONAL NUMBER.....I/D.NO..... (Please attach a copy) M/NO.....
3. DEPARTMENT.....DESIGNATION.....
4. NET SALARY.....MONTH.....

B. LOAN PARTICULARS

1. LOAN APPLIED FOR KSH.....AMOUNT IN WORDS.....
2. REPAYMENT PERIOD.....SUPPORTING DOCUMENTS.....
3. PERIOD OF MEMBERSHIP.....LAST LOAN ISSUED.....(AMOUNT)

(Please attach the pay slip for the first loan deduction)

4. I CONFIRM THAT I HAVE RE-PAID IN FULL THE LOAN TAKEN IN(MONTH/YEAR)

(Attach the pay slip for the last loan deduction)

C. GUARANTORS' PARTICULARS

We the undersigned **guarantors** individually and jointly undertake to re-pay all or any balance of the loan applied for in the event of default in re-payment by the applicant.

	NAMES	P/NO.	DEPT.	M/SHIP PERIOD	SIGN.	RMKS
1						
2						
3						
4						

At least three (3) guarantors **MUST** be provided

D. APPLICANT'S AUTHORITY TO DEDUCT SALARY

I HEREBY AUTHORISE THE WELFARE ASSOCIATION to recover the amount of loan granted to me on a monthly basis, at Kshs..... per month, under the terms that the loan is given until it is recovered in full. Should I leave employment before completion of repayment, I hereby authorize the balance to be deducted from my shares in the Association and also from my terminal benefits.

APPLICANT'S SIGNATURE
DATE.....

E. APPLICANT'S DECLARATION

I declare that the information given above is correct

Name.....Signature.....
PHONE. NO.....
DATE.....



FOR OFFICIAL USE ONLY

F. VERIFICATION

1. APPLICANT'S MEMBERSHIP VERIFIED.....
2. SALARY SLIP VERIFIED.....
3. VERIFIED BY: SIGNATURE:

G. COMMENTS BY WELFARE ACCOUNTANT

APPLICATION APPROVED NOT APPROVED

REASONS APPLICATION IS NOT APPROVED

TREASURER'S SIGNATURE _____

DATE: _____