

EQUILOAN APPLICATION FORM (FOR TSC STAFF)

Branch		Date of application	
Account NO (loan)		Date opened	

Particulars of applicant

Surname: _____ other names: _____

Date of Birth: _____ Date employed: _____

I.D No.: _____ TSC No.: _____

Station/School: _____

District: _____ Province: _____ Dept/code No: _____

Deduct code No EDS 861 Account Code EQBL office Address: _____

Office Tel No: _____ Home Tel No. _____

Gross salary: _____ Net salary: _____

(Please attach copy of ID and last 3 pay slips)

Details of loan

Loan Amount **plus interest**: _____ Repayment period: _____ (months)

Monthly repayments Kshs: _____ Purpose of loan: _____

Authority to employer to recover loan through check- off system.

I _____ whose particulars are indicated above, do hereby give my employer, the Teachers Service Commission of P.O Private Bag Nairobi irrevocable authority to recover from my salary, monthly repayments of Kshs. _____ p.m over a period of _____ months and remit the same to Equity Bank Limited, Head Office PO Box 75104 00200 Nairobi, Kenya for the credit of loan Account No. _____ in the event of my termination from employment for any reason whatsoever, I do hereby authorize my employer to deduct from my final dues and pay outstanding loan to the same banking institution.

Signature: _____ Date: _____

Witness (Head of Dept/School)

Full name: _____ Signature: _____

Designation: _____ TSC No. _____ Date: _____

Official stamp: _____

TSC District Personnel Officer

I confirm that the above named person is a bonafide employee of TSC and the salary details indicated above are correct.

Full name: _____ Signature: _____

Designation: _____ Date: _____ Stamp: _____

NB: THIS FORM IS TO BE COMPLETED IN TRIPLICATE.

CD 16/03