



Likoni Road Industrial Area
P O BOX 30000 - 00100
Nairobi Kenya
Tel: 0711062425/357/365

INSURANCE PREMIUM FINANCE & AGREEMENT FORM **LOAN A/C NO-----**

(A) PERSONAL INFORMATION

- 1) Members Name:ID NO.....
- 2) Members AddressMobile no.....
- 3) Payroll Number.....Department & Section
- 4) Vehicle Reg No(s).....

Signature of Applicant Date

Name of witnessWork Number

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

(B) INSURANCE PREMIUM FINANCE APPLICATION AND REPAYMENT

Amount Applied.....Interest rate 10% one off.....Total.....

Period (In months)Repayment amount Kshs

(C) OFFICIAL USE ONLY

Prepared by: Name.....Signature.....Date.....

Checked by: Name.....Signature.....Date.....

Amount Approved.....Repayment installments.....

Credit Committee Approval

Name Signature.....Date.....

Name Signature.....Date.....

FINAD Committee Approval

Name Signature.....Date.....

THE HUMAN RESOURCE MANAGER,
BRITISH AMERICAN TOBACO KENYA PLC,
P.O. BOX 30000-00100,
NAIROBI

Dear Sir/Madam,

RE: LOAN REPAYMENT AND ASSIGNMENT

I, Mr/Mrs/Miss _____, hereby authorize you to deduct Kshs. _____ Cts. _____, from my Salary each month and pay the said amount to B.A.T Co-operative Savings and Credit Society Limited for _____ installments with effect from _____

Should my employment with yourselves come to an end for whatever reason, I **FURTHER IRREVOCABLY** authorize you to debit the full outstanding loan balance from my benefits other than Provident Fund due to me from British American Tobacco Limited Kenya Plc and pay the same to B.A.T Co-operative Savings and Credit Society.

Work No: _____ Department: _____

Section: _____ Member No: _____

Signature: _____

ID No: _____

Date: _____

PERSONAL DETAILS

Home Address: _____ County: _____

Sub-County _____ Location: _____

Sub-Location: _____ Mobile No: _____

Current Address: _____ Street: _____

Estate: _____ House No: _____

State if rented: Yes No