



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 CREDIT MANAGER,
B.A.T. SACCO LTD,
P.O. BOX 30000,
NAIROBI**

Dear Sir/Madam,

RE: LOAN REPAYMENT AND ASSIGNMENT

I, Mr/Mrs/Miss _____,
hereby agree and accept responsibility for monthly payments of _____ for a
period of _____ months with effect from _____.

I also declare that the details filled below are true and correct.

PERSONAL DETAILS

Employer: _____ Department: _____
Section: _____ Member No: _____
ID No: _____
Home Address: _____ County: _____
Sub-County _____ Location: _____
Sub-Location: _____
Current Address: _____ Street: _____
Estate: _____ House No: _____
Signature: _____
Date: _____