



B.A.T Sacco Limited
P O BOX 30000 - 00100
Nairobi Kenya
Tel: 0711062425/357/365

SPECIAL PRODUCT & AGREEMENT FORM A/NO-----

(A) PERSONAL INFORMATION

- 1. Members Name: _____ ID-NO _____
- 2. Members Address _____ Mobile no. _____
- 3. Payroll Number _____ Member Number _____

Signature of Applicant _____ Date _____ Email.....

Name of witness _____ Signature _____ Date _____

(B) SPECIAL PRODUCT APPLICATION AND REPAYMENT

Mabati type _____ Amount _____ Insurance amount

Total Amount Ksh..... Period months.....Repayment Amount Ksh.....

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Prepared by: Name _____ Signature _____ Date _____

Checked by: Name _____ Signature _____ Date _____

Amount Approved _____ Repayment installments _____

CREDIT COMMITTEE APPROVAL

Chairman Credit

Secretary Credit

Member Credit

FINAD COMMITTEE APPROVAL

Name _____ Signature _____ Date _____

EFT Bank _____ Amount _____ 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: _____ Date: _____
ID No: _____

PERSONAL DETAILS

Home Address: _____ County: _____
Sub-County _____ Location: _____
Sub-Location: _____ Mobile No: _____
Current Address: _____ Street: _____
Estate: _____ House No: _____

State if rented: Yes No