

KCB BANK PERSONAL LOAN APPLICATION FORM

KCB Branch:				Date of Application:				
KCB Account No:			Date	Date Opened:				
(If any)								
PARTICULARS	OF AP	ΡΟΙ ΤΟΔΝΤ-						
		ID, last 3 pay sli	ips and 6 n	nonths	s bank st	atement	ts)	
Surname			-					
Date of Birth								
Name of Employer						Department		
Station Designation						Personal/Staff No		
Office Address						Office Tel. No		
							el. No	
						Mobile N	0	
Gross Salary (Sns)			. net	Salary	(SNS)			
Average Monthly B	udget	(shs)						
-	_	. ,						
FINANCIAL DE		<u>:</u>						
Account Holding Type of Account		int number	Bank		Branch		Date Onemed	
Type of Account	ACCOL	int number	Dalik		Dranch		Date Opened	
Bank LOAN DETAILS: ORIGINAL TO	 DP UP	REFINANCE	Account Nu	imber	(Tick a	as appro	priate)	
		<i>(months)</i>						
Loans to be paid o					e cases of	-	<i>p.m.</i>	
Lending institution	า.	Outstanding Loan					Comments.	
Totals.		towy ovidonac)						
(Please attach do	cument	tary evidence.)						
AUTHORITY TO	<u>EMP</u>	LOYER TO RECO	OVER LOA	<u>N:</u>				
_								
			-				do hereby give my	
employer,			of P.C). Box.			, irrevocable	
authority to rer	nitting	my monthly lo	an repayn	nent a	and sub	mit the	same to KCB at	
		.branch. and that v	will not cha	nge the	e pav noi	nt withou	t the prior consent of	
		•		-			reason whatsoever I	

hereby authorize my employer to remit my final dues to KCBT.

Date	Signature				
WITNESS I (HEAD OF DEPT/ CONTROLLING OFF	-				
Rank Date	Official Stamp (if any)				
WITNESS II (Co worker):					
Full Name Department Signature	Position Tel No Date				
WITNESS II (WIFE/HUSBAND/CLOSE RELATIVE	<u>):</u>				
Full NameTel No	Relation Employer				
MANAGER PERSONNEL/ HUMAN RESOURCES/ REGIONAL PERSONNEL OFFICER: I confirm that the above named is our employee on permanent / contract terms. We undertake to continue remitting his/her salary or monthly loan repayment through the above stated account and that will not change the pay point without the prior written consent of KCB-Tanzania Limited.					
Full Name	Signature				
Date	Official Stamp				

The above instructions will not be changed without the prior knowledge and consent of KCB Tanzania

Limited.

FOR OFFICIAL USE ONLY

Branch:	Date Received:
Name of Applicant:	Account No:
Sales Representative Name:	

 $\label{eq:BRANCH:} \underline{\text{BRANCH:}}$ I confirm that I have checked and verified that the application meets the minimum requirements for the scheme

under KCB Personal Loans as indicated in the checklist below:-						
Minimum Rec	Yes/No					
1. The application has been properly comp		been				
left. In spaces where the information ca	pplicant					
has clearly indicated 'N/A'.						
2. Applicant earns a net salary of not less						
3. Applicant's income is now been channel	ount.					
4. Total deductions (including repayment of	exceed					
2/3 of applicant's gross salary if the red						
5. Applicant's accounts have been well conducted (if maintained with KCB). The accounts are active (not dormant) six month bank statement attached.						
	6. The income(s) indicated in the application form are correct and agree with account statements (if any) and pay slips submitted, which I have perused					
and consider to be satisfactory docume						
7. Other supporting documents (e.g. ID ca						
been submitted and I am able to verify	ation					
form.						
8. The applicant is over 18 years of age (no	ot under-age).					
9. The funds are required to finance personal needs.						
10. Previous loan and overdraft facilities (if						
associates have been well serviced and		ole-free.				
11. Indicate current outstanding loan balan						
Loan Account Number.	Outstanding Balance(s).	Repayment Amount.				
a)						
b)						
c)						
Retail Sales Manager Name Date						
Personal Banker						
A VANVALWA APWARATVA						
Name Signature Date						
Branch Manager / Advances Department						
Name Signatu	re Nata					
Jigilatu	Date .					

HEAD OFFICE COMMENTS:

Not Processed.		
Reason for not processing the application:		
Name	Signature	Date