

SALARY ADVANCE APPLICATION FORM

ACCOUNT NUMBER: -----

ACCOUNT NAME: -----

BRANCH: -----

EMAIL ADRESS: -----

RESIDENTIAL ADDRESS: -----

TELEPHONE

➤ OFFICE: -----

➤ MOBILE: -----

EMPLOYER: -----

EMPLOYER'S ADDRESS: -----

EMPLOYER'S PHONE (HUMAN RESOURCES DEPT): -----

MONTHLY SALARY: -----

DATE OF PAYMENT OF MONTHLY SALARY: -----

AMOUNT REQUESTED: -----

AMOUNT APPROVED :-----

CONDITIONS:

- Salary advance loan will be established as an authorized overdraft. This is the facility that provides the opportunity for overtaking cover unforeseen expenses
- The beneficiaries are the public and private sector's employees in whose salaries are domiciled in Bank of Africa Ltd at least twice and that their employers have a good reputation
- Maximum amount : 1/2 of the net salary of the customer, according monthly installment on other loans
- The duration for this product is 6 months
- The interest rate is 19% per year. With each use, the interest is calculated according to the amount and periodicity of the debtor
- Commissions : 2% of the authorized amount
- Application Fee : none



- The application form must be duly completed and signed by the employee and his employer
- In case of non repayment of the 1st month , the contract is cancelled

DECLARATION:

I hereby apply for a salary loan with **BANK OF AFRICA LTD**. The information on this form is confirmed by me to be true and correct. If this application is successful, I agree that the loan shall be subject to the terms and conditions in the agreement to be executed by me.

Customer’s signature ----- Date: -----

Employer undertaking

This is to confirm that Mr/Ms/Mrs ----- is employee since ----- and his/her tentative retirement age is

He/She maintains salary account number -----with BOA LTD.

We undertake that this salary account and employment related payment would not be transferred to any other bank and these will only be paid through this above salary account and no other mode of payment will be allowed by us unless prior is obtained from Bank Of Africa LTD/Autorized signatory at the above Bank. We also confirm that the estimated end of the service benefits of the subject employee as date less any liabilities thereon exceed the amount of finance limit requested

Employer Signature with stump..... Date:

BANK OF AFFRICA LTD AUTHORISED SIGNATURE

Branch Manager: ----- Date -----

Head of Credits: ----- Date-----