

**EQUILOAN APPLICATION FORM (FOR TSC STAFF)**

<b>Branch</b>		<b>Date of application</b>	
<b>Account NO (loan)</b>		<b>Date opened</b>	

**Particulars of applicant**

Surname: \_\_\_\_\_ other names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date employed: \_\_\_\_\_

I.D No.: \_\_\_\_\_ TSC No.: \_\_\_\_\_

Station/School: \_\_\_\_\_

District: \_\_\_\_\_ Province: \_\_\_\_\_ Dept/code No: \_\_\_\_\_

Deduct code No EDS 861 Account Code EQBL office Address: \_\_\_\_\_

Office Tel No: \_\_\_\_\_ Home Tel No. \_\_\_\_\_

Gross salary: \_\_\_\_\_ Net salary: \_\_\_\_\_

***(Please attach copy of ID and last 3 pay slips)***

**Details of loan**

Loan Amount **plus interest**: \_\_\_\_\_ Repayment period: \_\_\_\_\_ (months)

Monthly repayments Kshs: \_\_\_\_\_ Purpose of loan: \_\_\_\_\_

**Authority to employer to recover loan through check- off system.**

I \_\_\_\_\_ whose particulars are indicated above, do hereby give my employer, the Teachers Service Commission of P.O Private Bag Nairobi irrevocable authority to recover from my salary, monthly repayments of Kshs. \_\_\_\_\_ p.m over a period of \_\_\_\_\_ months and remit the same to Equity Bank Limited, Head Office PO Box 75104 00200 Nairobi, Kenya for the credit of loan Account No. \_\_\_\_\_ in the event of my termination from employment for any reason whatsoever, I do hereby authorize my employer to deduct from my final dues and pay outstanding loan to the same banking institution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness (Head of Dept/School)**

Full name: \_\_\_\_\_ Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ TSC No. \_\_\_\_\_ Date: \_\_\_\_\_

Official stamp: \_\_\_\_\_

**TSC District Personnel Officer**

I confirm that the above named person is a bonafide employee of TSC and the salary details indicated above are correct.

Full name: \_\_\_\_\_ Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_ Stamp: \_\_\_\_\_

**NB: THIS FORM IS TO BE COMPLETED IN TRIPLICATE.**

**CD 16/03**