



**TELEPOST SACCO SOCIETY LIMITED**  
P.O BOX 49557-00100  
TEL. 0727438688/0774315096/2222711/2222712

**LOAN REPAYMENT AGREEMENT**

Surname..... Other Names.....  
Dutystation..... Employment Number.....  
Department..... Mobile No.....  
Email Address.....

**LOAN DETAILS**

Loan Applied Kshs .....in words.....  
Purpose of the Loan.....  
Repayment period (Months).....Monthly repayment (Kshs).....

**APPLICANT'S IRREVOCABLE AUTHORITY**

I .....whose particulars are as above, hereby pledge to ensure that the required monthly repayment amount as above will not be committed in other ways until the loan is fully repaid.

In the event of termination from employment for any reason whatsoever, I give ..... Irrevocable authority for my Employer to repay the loan with my dues.

By you signing this form, you give us the authority to access and share your full file with Credit Reference Bureau.

Signature..... Date.....

**FOR OFFICIAL USE ONLY (Loan's Officer)**

I confirm that the above named is an active member of Telepost Sacco and has good credit standing.

Full Name..... Signature.....  
Designation.....  
Date.....