



OVERDRAFT REQUEST FORM

PARTICULARS

NAME: ID NO:

PF.NO..... FOSA ACC/ NO:

I hereby request for an overdraft facility of Kshs.

(.....)

For the purpose of whose collateral / security is

.....

Repayment period Commencement Date

Signature: Date:

OFFICIAL USE

APPRAISING OFFICER

Name..... Designation:

Account Status

Remarks

Recommended Amount.....

Sign Date

APPROVING OFFICER

Name..... Designation:

Account Status

Approved Amount

Sign Date