

SCHEME FACILITY CHECK-OFF AUTHORITY



First Community Bank

driven by ethics

Surname Other Names

National I/D number Place of Issue

Duty Station Employment Number

District Province Dept

Postal Address [Personal]

Postal Address [Office]

Physical Residential Address

Home Tel. No Mobile No.

Gross Salary (Kshs) Net Salary (Kshs)

Length of Service Years Months

FACILITY DETAILS

Facility amount

Purpose of Facility

Repayment period (Months) Monthly repayment +50= Total facility repayment

APPLICANTS IRREVOCABLE AUTHORITY

I Whose particulars are as above, hereby give my employer, First Community Bank irrevocable authority to deduct the monthly facility repayments of Kshs pm and Kshs. 50.00 processing fee from my salary and remit the same to First Community Bank Scheme facility Account No. until the facility is fully repaid and confirmed in writing by the Bank.

In the event of termination from employment for any reason whatsoever, I will make arrangements to clear any outstanding facility balance.

Signature

Date

ASSISTANT DIRECTOR HUMAN RESOURCES MANAGER / CHIEF HUMAN RESOURCES MANAGEMENT OFFICER / PAYMASTER

I confirm that the above named is a bonafide employee of First Community Bank and the details indicated above are correct.

Full Name Signature

Designation Date Official stamp

ASSISTANT DIRECTOR HUMAN RESOURCES MANAGER / CHIEF HUMAN RESOURCES MANAGEMENT OFFICER / PAYMASTER

I confirm that the above named is a bonafide employee of First Community Bank and the details indicated above are correct.

Employment Status (Permanent, contract or probation)

If on contract, current contract expiry date

Full Name Signature

Designation Date Official stamp