SKY BANK (SL) LIMITED

SALARY LOAN REQUEST FORM

PERSONAL INFORMATION

Name			Middle Name		First Name				
Perm	anent Home Add	ress							
Tel :(Home)		(Office)		(Mobile).			
Date of Birth://		/	Marital Stat	us 🗆 Single		☐ Divorce	☐ Widow		
Accou	unt Number								
Empl	oyment Details								
Emplo	oyers Name			Business Telep	hone				
Busin	ess Address								
Lengt	h of services:			Annual Inc	come (Le)				
Total	Accrued Benefit	(Le)							
	Amount: (SLe)			Propose	d Tenor:				
	/ State all existing		ons						
S/N	TYPE		TENOR	AMOUNT (LE)	MATURIT		ANCE (STANDING	G (LE)	
Applio	cant's signature			Date	/		/		
				DD		MM	Y	YYY	
For C	Office Use Only:								
Recommendation		Yes	No	No					
Rema	arks								
Name			 Name	Sia	Sign.		Date		
Account Officer					- —				
Relat	ionship Manage	r							
Appr	oval								

SKY BANK (SL) LIMITED

EMPLOYEE'S GUARANTOR FORM

The Personnel Manager

Employee Name and address
The above-named staff has applied for our salary advance facility to allow him/her overdraw his/her account held with us pending payment of his/her monthly salary.
Kindly provide us with the following details and indemnify us against the fact that you shall continue to pay his/her salary to his/her account held with us until disengagement from the organisation and that at disengagement total benefits due to him shall be paid to his/her account as specified below.
Employee Name
Address
Account NumberNet monthly Salary
Total Benefit Accrued
Employee's Mandate
I
Signature Date Date
Employer's Guaranty
IPersonnel Manager ofhereby guaranty that the
net monthly salary of currently employed by us, will be paid to her account
held with Sky Bank (SL) Limited until and after his/her disengagement.
Signed: Personnel Manager (Please affix Company Stamp)