

**CfC STANBIC BANK  
STAFF LOAN SCHEME  
IRREVOCABLE AUTHORITY**

**UNIVERSITY OF NAIROBI  
P.O.BOX 30197 - 00100  
NAIROBI.**

To The Group Scheme Manager,  
CfC Stanbic Bank Ltd.

**APPLICANTS IRREVOCABLE AUTHORITY**

I ....., hereby give my employer **UNIVERSITY OF NAIROBI** irrevocable authority to deduct the monthly loan repayments of Kshs.....pm from my salary and remit the same to CfC Stanbic Bank Ltd until the loan is fully repaid and confirmed in writing by the bank.

In the event of termination from employment for any reason whatsoever, I authorize my employer to remit my terminal benefits to CFC Stanbic Bank for the purpose of offsetting any outstanding balance. I will make arrangements to clear any outstanding loan balance thereafter where terminal benefits are not sufficient to fully offset.

I further authorize my employer to remit my salary to account number-----held at CfC Stanbic.....branch .

Are there loans to be taken over Yes/ No \_\_\_\_\_

<b>Loans to be taken over:</b>	
<b>Institution A:</b> .....	<b>Outstanding Amount</b> .....
<b>Institution B:</b> .....	<b>Outstanding Amount</b> .....

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

**EMPLOYER CONFIRMATION**

**A) HEAD OF DEPARTMENT**

STAFF NAME \_\_\_\_\_

DESIGNATION \_\_\_\_\_ PAYROLL NUMBER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ COLLEGE \_\_\_\_\_

I confirm that the loan applicant whose particulars are given above is a bona-fide member of staff of this university. I also confirm that currently the member of staff has not committed any act that makes him/her liable for disciplinary action.

Confirmed by:

Full Names \_\_\_\_\_ Signature \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

Official Stamp \_\_\_\_\_

**B) ADMINISTRATION REGISTRAR / COLLEGE REGISTRAR**

I hereby confirm the following details about the employee mentioned above

Terms of Service \_\_\_\_\_ Retirement Date \_\_\_\_\_

If on contract, expire date of Current Contract \_\_\_\_\_ National Identity Card No \_\_\_\_\_

Length of Service \_\_\_\_\_ Is there any Disciplinary proceedings pending against him or her \_\_\_\_\_

**Confirmed by**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

Official Stamp \_\_\_\_\_

**C) FINANCE OFFICER**

I confirm the salary particulars of the above names member of staff

Payroll Number \_\_\_\_\_

Basic Pay \_\_\_\_\_

House Allowance \_\_\_\_\_

Transport Allowance \_\_\_\_\_

Other regular allowances \_\_\_\_\_

Regular Gross Pay \_\_\_\_\_ 1/3 Basic Pay Kshs \_\_\_\_\_ Regular Net Pay \_\_\_\_\_

Regular Net Pay less proposed loan deductions Kshs. \_\_\_\_\_

If permanent last salary date \_\_\_\_\_

Confirmed By \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

Official Stamp \_\_\_\_\_