THE NATIONAL TREASURY

APPLICATION FORM FOR MOTOR CAR LOAN SCHEME FUND

FOR

STATE OFFICERS IN THE NATIONAL GOVERNMENT

(EXCLUDING JUDICIARY AND PARLIAMENT)

AND CIVIL SERVANTS OF THE NATIONAL GOVERNMENT UNDER THE SERVICE OF THE PUBLIC SERVICE COMMISSION

APPLICATION FEE

KSH. 1000
I: PARTICULARS OF THE APPLICANT

Title  Mr/Mrs/Miss/Ms/Dr/Prof (Please tick your correct title)

Surname……………………..Other Names…………………………………………………………………………………..

Gender (M/F)………………Date of Birth (dd/mm/yyyy) ………..  ID/Passport No. ……………

P/No. ……………………………. PIN No. ………………………………………………………………………………….

Designation……………………………………..Job Group/ Scale…………………………………………………………

Date of First Appointment (dd/mm/yyyy)……………………………………………………………………………………

Date of Current Appointment (dd/mm/yyyy)………………………………………………………………………………

Terms of Service (P&P Temporary Contract ) ……………………………………………………………………………

If Contract, specify contract end date (dd/mm/yyyy) ………………………………………………………………………

Ministry/State Department/Organization……………………………………………………………………………………

Mailing Address……………………………………………………………………………………………………………………

Office Telephone No ……………………Mobile No…………………………………………………………………………

E-mail Address……………………………………………………………………………………………………………………

Residential Address………………………………………………………………………………………………………………

Applicant’s current net salary in Kshs Per Month…………………………………………………………………………

Marital Status………………Name of spouse………………………………………………………………………………

Spouse’s ID No./Passport No……………………………………………………………………………………………………

Spouse’s Mobile No………………………………………………………………………………………………………………

Next of Kin…………………………………………………………………………………………………………………………

Next of Kin’s ID No./Passport No. ………………… Next of Kin’s Mobile No………………………………………………

COLOURED PASSPORT SIZE PHOTOGRAPH
List of Beneficiaries (Full Name, ID No/Birth Cert. No., Relationship)

1. ………………………………………………………………………………………………………………………………………………….

2. ………………………………………………………………………………………………………………………………………………….

3. ………………………………………………………………………………………………………………………………………………….

Do you have any physical disability? Yes ☐ No ☐

If yes please Specify………………………………………………………………………………………………………………………….

**NB: Attach certified copy of: -**

(i) National Identity Card /Passport for self and spouse.
(ii) Pay slips for the last 3 months and one passport size photograph*.
(iii) Next of Kin’s National Identity Card.
(iv) Beneficiaries’ Identity Card / Birth certificate.
(v) Identification Card from the National Council for Persons with Disabilities (NCPWD) where applicable.
(vi) Letter of current appointment. *
(vii) Log book.
(viii) Sale agreement.
(ix) Copy of Pin Certificate
(x) Proforma Invoice
(xi) Valuation Report of the vehicle (photo of the vehicle should be included)
(xii) Proof of a non-refundable application fee (*See page 7 of this form*)
PART II: DESCRIPTION OF MOTOR CAR

Make .............................................. Model .................................................................
Type of body.......................................................Engine No...........................................
Chassis No........................................................Reg. No...................................................
Engine Size (cc)...........................................Sitting Capacity of the Motor Car ..................
Colour of the vehicle......................................................................................................
Year of Manufacture..................................................................................................................
Cost Price of Vehicle (Kshs). (Attach Copy of Invoice)..........................................................
☐ New (As per the invoice from the supplier)
☐ Secondhand (Valuation Report from a certified automobile valuer should be attached)
Less Deposit to be paid by applicant (kshs).................................................................
Balance of cost of Vehicle loan (Kshs).............................................................................
Add insurance premium Kshs ..........................................................................................
Total Loan required (Kshs) .................................................................................................
Name of Insurance Company.............................................................................................

Details of the supplier
a) Name of the Supplier ...............................................................
b) Postal ......................................................................................
c) Physical....................................................................................
d) Email Address ................................................. Phone no. ..................
e) Pin No. (attach copy),
f) ID No./ Passport no. of supplier (attach)
g) Certificate of incorporation if necessary

Bank Details of the supplier
a) Bank......................................................................................
b) Branch....................................................................................
c) Account Number......................................................................
Validity period of the Sale Agreement which shall include: ..............................................
PART III: DECLARATION BY THE APPLICANT

1. I undertake to have the car registered jointly in the name of the State Officers and Public Officers Motor Car Loan Scheme Fund and myself.
2. I undertake to register a charge in favour of the State Officers and Public Officers Motor Car Loan Scheme Fund entitling, the Fund to sell the property in the event of breach of terms and conditions of loan agreement.
3. I certify that I hold a Driving License No……………………………….. and that I will at all times ensure that it is valid.
   If disabled, provide the following details for the authorized driver

   Full Names .......................................................... ........................................
   ID No. ....................................................... Driving License No. ..........................

4. I undertake to pay the amount due under the Purchase Agreement by monthly instalments. I agree that payments of the instalments will be effected by monthly deductions from my salary and/or any other prior agreed arrangement.
5. I agree to hold the Motor Car covered by full comprehensive insurance throughout the period. Failure to do this gives the board the right to renew the insurance and debit my loan account.
6. I agree that the fund should take a life insurance on the loan advanced and the premium to be debited to my loan account.
7. Agree to abide by terms and conditions as may be promulgated from time to time as may be by determined by the Board
8. I undertake to submit the vehicle for valuation as and when required by the insurer.
9. I undertake not to interfere with the tracking devices installed in the Motor Car at any given time

Have you benefited from a Motor Car loan granted under any Public Service Scheme?

Yes [ ] No [ ]

If yes, specify the year the loan was granted

I...................................................................................................................(Full name)

P/NO: .............................................and ID No /Passport no.: .................................

of  P.O BOX hereby apply for a car loan to purchase a Motor Car. I certify that, the information given above is true and correct to the best of my knowledge and take full responsibility of the same.

Applicant’s Signature........................................ Date(dd/mm/yyyy) ........................
WITNESSED BY HEAD OF HUMAN RESOURCE MANAGEMENT

Name……………………………………………………………………………………………………

Signature & Stamp .......................... Date(dd/mm/yyyy) ..............................

FOR OFFICIAL USE ONLY

PART IV: RECOMMENDATION BY ACCOUNTING OFFICER

1. I certify that Mr/Mrs/Ms/Dr/Prof……………………………………………………………………
of P/No…………………………………………………………………………………………… is an employee
of Ministry/ State Department / Organization………………………………………………
…………………………………………………………………………………………...at job group …………… whose current net
salary is Kshs……………………………………………………………………………

2. I certify that payment of the monthly installments of Kshs …………………….will
not cause financial embarrassment.

3. I recommend/Not recommend that the application be considered for approval

   Name ………………………………………………………………………………………
   Designation………………………………………………………………………………
   Signature & Stamp ………………………………………………………………………
   Date(dd/mm/yyyy) ………………………………………………………………………

PART V: RECOMMENDATION BY THE OFFICER ADMINISTERING THE FUND

1. I hereby forward the application of Kshs………………….. for approval payable
   in………………. months.

   Name ………………………………………………………………………………………
   Signature…………………………..Date(dd/mm/yyyy) ..............................
PART VI: APPROVAL BY THE ADVISORY BOARD

The Advisory Board in its meeting held on……………………………………………………………………………… approved the application of Mr/Mrs/Ms/Dr/Prof…………………………………… of Kshs ……………………………………………… in respect of the Motor Car loan to be repaid within a period of………… months as detailed below:

   a) Principal loan (Kshs)……………………………………………………………………………………………………
   b) Interest (Kshs)………………………………………………………………………………………………………………
   c) Administrative cost (Kshs)………………………………………………………………………………………………

and a further sum of (kshs) …………………………………………………… in respect of insurance premium to be paid over 12 months for each year of the loan.

OFFICER ADMINISTERING THE FUND.

   Name ……………………………………………………………………………………………………………………………

   Signature………………………………………. Date(dd/mm/yyyy) …………………

APPLICATION FEE PAYMENT

Payment mode ……………………. Payment reference …………………

(* To be certified by the Accounting Officer)

Application Form Fee can be deposited directly to the account below:

   Account Name: State Officers Motor Car Loan Scheme Fund
   Bank: Kenya Commercial Bank
   Branch: Moi Avenue
   Account No.: 1248074149

Or Via Lipa na M-PESA:

   Paybill No./Business No.: 610650
   Account No: Your Personal/Staff Number
   Enter Amount: Kshs. 1000