



1. NATURE OF ENQUIRY (Choose appropriately)

I wish to donate my overpayments to a needy student.

Amount: Kshs. _____

- | | |
|--|---|
| <input type="checkbox"/> Want to start repaying loan | <input type="checkbox"/> Compliance Certificate |
| <input type="checkbox"/> Loan balance (statement) | <input type="checkbox"/> Clearance Certificate |
| <input type="checkbox"/> Missing payments | <input type="checkbox"/> Refund due to over deductions |
| <input type="checkbox"/> Compliance Certificate (non-loanee) | <input type="checkbox"/> Refund due to erroneous deduction (Non-loanee) |

2. CUSTOMER DETAILS (Please note that the highlighted * parts are MANDATORY)

CURRENT NAMES IN FULL*			
NAMES AS AT UNIVERSITY*			
NATIONAL ID no.*		CURRENT ADDRESS	*
UNIVERSITY REG no.*		TOWN	*
UNIVERSITY ATTENDED*		POSTAL CODE	*
DEGREE/DIPLOMA*		CELL PHONE	*
COURSE/FACULTY*		EMAIL	*
PERIOD OF STUDIES*	FROM:*	TO:*	

CUSTOMER DETAILS (Please note that the highlighted * parts are MANDATORY)

- a) CHANGED UNIVERSITY/COLLEGE* b) DEFERRED STUDIES* c) REPEATED YEAR (S) DURING MY STUDY*

3. EMPLOYMENT DETAILS

CURRENT EMPLOYER			
EMPLOYMENT/TSC No.		TELEPHONE	
ADDRESS/POSTAL CODE		CURRENT ADDRESS	
TOWN		TOWN	

4. LOAN REPAYMENT STATUS (Please indicate repayment history if any)

NAME OF EMPLOYER	PAYROLL NUMBER	MONTHLY INSTALLMENT AMOUNT	PERIOD	
			From	To

5. BANK DETAILS (For refund cases only, please attach copy of your ATM card)

BANK NAME	*	BRANCH	*
ACCOUNT NAME	*	ACCOUNT NUMBER	*
Signature		Date:	

Please note that refunds are paid through electronic fund transfer to banks recognized by the Kenya Bankers Association. Any overpayment below **kshs.1,000** will not be refunded.

Prepared by: Signature: Date:

Confirmed by: Signature: Date:

Verified by: Signature: Date:

Approved by: Signature: Date:

EMPOWERING DREAMS

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