



## ELITPAY LOAN PACKAGE FORM

Please complete the form fully and as accurately as possible all information asked below.

Name of Employee:	
Staff No:	NRC No:
Name of Employer:	Occupation:
Email Address:	
Mobile No:	

### SALARY ADVANCE LOAN

Amount ZMW: Interest Rate: Number of
Repayments: Monthly Repayment:

### MODE OF DISBURSEMENT

Bank Account <input type="checkbox"/>	Mobile Money <input type="checkbox"/>	E-Wallet Services <input type="checkbox"/>
Bank Name:	MTN:	
Account No:	Airtel:	
Sort Code:	Zamtel:	

### EMPLOYEE CONSENT

I hereby authorise my employer to make payroll deduction from my salary in the month(s) indicated. This directive should strictly be honoured as it is for the purpose of servicing my Salary Advance Loan.

Name:	
Date:	Signature:

**FOR THE EMPLOYER**

Approved by:	Signature:	Date:
Granted Amount:		
Repayment Month(s):	Monthly Deduction:	
		Official date stamp

**FOR ELITPAY ZAMBIA LIMITED**

Processed by:	Signature:	Date:
Disbursed Amount:		
Mode of Payment Used:		
Reference No:		
		Official date stamp