



KIOTA SCHOOL INSTALMENT APPLICATION FORM

1. Name	•••••	•••••		NO	•••••			
2. Mobile Number Email address								
3. Credit Card No.: XXXX								
Repaymen t period (months)	Tick your selecti on	Invoice amount/ Fees: Kes	% Processing fee of invoice amount (applicable by 15 th preceding holiday month before opening date)	% Processing fee of invoice amount (applicable after 15 th preceding holiday month before opening date)	Value of processing fee in KES	Total amount for Financing i.e Processing fee + invoice amount - KES		
3 months			0%	5%		amount - KES		
4 months			3%	8%				
5 months			3%	8%				
6 months			3%	8%				
7 months			5%	10%				
8 months			5%	10%				
9 months			5%	10%				
10 months			5%	10%				
11 months			5%	10%				
12 months			5%	10%				
I authorize KCB Card Centre to debit my credit card account with Kes on monthly basis for Months on the card due date, being payment school fees for financing. I understand that by signing this request, I have agreed to be fully liable in fully paying for school fees being financed.								
Signature								
Signature				. Date				
(KCB Card Center to sign)								
	<u> </u>							

FOR OFFICIAL USE ONLY

PAYMENT	AMOUNT (KES)	APPROVAL CODE	SIGN
1 ST Instalment			
Balance			