



**ST. NICHOLAS SCHOOL INSTALMENT APPLICATION FORM**

1. Name.....ID NO.....

2. Mobile Number ..... Email address.....

3. Credit Card No.: XXXX. (Only first 4 and last 4 digits).

4. KCB account Number (if applicable) .....

5. Name of pupil/student..... Adm No.....

6. Amount of School fees for financing/invoice amount KES.....

7. Please fill the table below

Repayment period (months)	Tick your selection	Invoice amount/ Fees: Kes	% Processing fee of invoice amount	Value of processing fee in Kes.	Total amount for Financing i.e Processing fee + invoice amount – Kes.
2 months			2%		
3 months			3%		
4 months			4%		
5 months			5%		
6 months			6%		
7 months			7%		
8 months			8%		
9 months			9%		
10 months			10%		
11 months			11%		
12 months			12%		

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 ..... Date.....  
*(Customer to sign)*

Signature ..... Date.....  
*(KCB Card Center to sign)*

**FOR OFFICIAL USE ONLY**

PAYMENT	AMOUNT (KES)	APPROVAL CODE	SIGN
1 <sup>ST</sup> Instalment			
Balance			