



AIMEEL PREPARATORY SCHOOL 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 Keson 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 ST Instalment			
Balance			