TRIDENT VOCATIONAL TRAINING CENTRE 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 Student/Learner……

6. Amount of School fees for Financing/Invoice Amount KES……

7. Please Fill the table below:

Repayment period (months)	Tick your selection	School Fees/Invoice Amount
2 months		
3 Months		
4 Months		
5 Months		
6 months		
7 months		
8 months		
10 months		
11 months		
12 months		

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 for the above school fees financing.

I understand that by signing this request, I have agreed to be fully liable in paying for the 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
1ST Instalment			
Balance			