

ZAF PRE-APPROVAL FORM

Application Date: _____

PART I

Employee Personal Details	
Surname	
First Names	
Department/ Base	
Employee Number	
NRC Number	
Phone number	
Current Net Salary	

PART II

Other Current "Non-Statutory" Deductions

Provider	Deduction Amount	Outstanding No. of Installments	Outstanding Balance (K'000)
Other (1)			
Other (2)			
Other (3)			
Totals			

PART III

New Loan Details

Loan Amount Applied For	
Purpose of Loan	

Applicants Signature: _____

For ZAF Administration Use Only

Zambia Air Force administration hereby confirms that the details for the above-mentioned individual are correct. The administration confirms also that the individual is currently employed at _____ and is eligible for the loan being applied for;

(Category B)

(Category A)

Approved/Declined by: _____

Designation : _____

Phone No. : _____

Email : _____

Signature : _____

Official Stamp

Official Stamp

PERSONAL DETAILS

GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>		NATIONALITY _____
OCCUPATION: _____		
PHYSICAL ADDRESS _____		
MARITAL STATUS Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		
PROVINCE _____		DISTRICT _____
ACCOMODATION TYPE: Rented <input type="checkbox"/> Owned <input type="checkbox"/> Other <input type="checkbox"/> _____		
NEXT OF KIN DETAILS		
FULL NAMES _____		ID No _____
NATIONALITY _____		PHONE _____
RELATIONSHIP _____		
RESIDENTIAL ADDRESS _____		
PROVINCE _____		DISTRICT _____

EMPLOYER DETAILS:

LOAN DETAILS : (for official use only)

DESIGNATION TYPE:	DIRECT LOAN : <input type="checkbox"/> AGENT LOAN : <input type="checkbox"/>
EMPLOYER TYPE: Permanent <input type="checkbox"/> Contract <input type="checkbox"/>	
EMPLOYER PROVINCE:	
EMPLOYER DISTRICT:	

Signature: _____ Date : _____