



EMPLOYER LOAN CONFIRMATION LETTER

Employee Details

Employee Name: _____

NRC/ID Number: _____

Employee number: _____

Employer/Ministry Department : _____

Position/Title: _____

Date of Employment: _____

Employment Status - Fixed-Term or Permanent Contract: _____

Current Gross Monthly Salary: _____

Employee Declaration

I, _____,
holder of NRC/ID Number _____, hereby
declare that the information I have provided is true, complete, and accurate to the best of my
knowledge. I further confirm that:

1. My current employer, position, salary, and employee details stated above are correct.
2. I acknowledge that this confirmation is being provided to facilitate the processing and administration of my application.
3. I understand that providing false or misleading information may result in the rejection of my loan application, cancellation of the loan facility, or any other action deemed appropriate by the lender.

Employee Signature: _____

Date: _____



Employer Confirmation

We hereby confirm that the above-named employee is currently employed by our organization and that the information provided above is true and correct.

We further confirm that the employee's current employee number is as stated above.

We further confirm that the employee is not due to retire during the proposed tenure of the loan (or, where applicable, that the employee's remaining period to retirement covers the proposed loan tenure).

We further confirm that the employee is not currently undergoing any disciplinary action or process that could negatively affect the loan repayment.

Human Resource Authorized Representative

This confirmation must only be completed and signed by an authorized Human Resources representative in the employing Ministry or Institution. Senior teachers, accounting staff, supervisors, or other employees who are not authorized HR representatives should not sign this confirmation.

Name of Authorized HR Representative: _____

Designation: _____

Organization/ Ministry department: _____

Mobile Number: _____

Email Address: _____

Physical Address: _____

Signature: _____

Date: _____

Official Stamp: _____