

PART I

FULL NAME OF APPLICANT:	
DEPARTMENT/MINISTRY/PROVINCE:	
DESIGNATION:	
STATION:	
EMPLOYEE NUMBER:	(PLEASE INDICATE IN FULL & ATTACH PAYSLIP)
NRC NUMBER:	TEL:

To: iSchool Zambia Limited

I hereby apply for the items indicated below in accordance with the monthly instalment plan selected for each item and request that the amounts be recovered in the payroll run from _____ (indicate month).

No.	Description	Cash	3 months payment			6 months payment		
			Price	Qty	Total	Price	Qty	Total
1	Home Tablet	1,500	1,700			1,950		
2	Pupil Tablet	1,500	1,700			1,950		
3	Please tick bumper colour choice __Blue __Pink __Yellow __Red	100	100			100		
4	Headsets	80	80			80		
5	Teacher tablet	1,980	2,150			2,380		
6	Projector (Only available with Teacher Tablet)		3,750			4,092		
7	Battery for projector (If you have no electricity)	1,500	1,550			1,700		
8	Solar Charger (Only available with Tablet)	650	700			900		
9	Internet Router	465	495			550		
	TOTAL							

I certify that the details supplied above are correct and mandate iSchool Zambia to submit the details for payroll deduction for the amount indicated.

Signature of Applicant: Date:

PART II

(To be completed by Verifying Officer in Human Resources or Administration)

I have verified the officer's details and DO/DO NOT recommend for him/her to get the items under this scheme at this time.

Signature of Verifying Officer Date:

Name: Official Stamp