



# ASILI SACCO SOCIETY LIMITED

Asili Coop Center, Lower Ngara Road

Opp. Arya Boys Secorndary School

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## LOAN APPLICATION & CONTRACT FORM

Batch No.: .....

*Our Sacco Our Future*

### A. PERSONAL INFORMATION

- 1) Name.....PFNumber:.....ID No.....
- 2) Date of Birth: 

DD	/	MM	/	YY
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- 3) Home address.....City/Town.....County.....
- 4) Source of Income: Salary / Business/Others.....Occupation.....
- 5) Employer:.....Postal address:.....Work station.....
- 6) Terms of Service: Permanent/Temporary/Contract/Others (Specify).....
- 7) KRA Pin No.....Tel/Mobile.....E-mail:.....

### B. LOAN APPLICATION AND REPAYMENT

I.....wish to apply for Ksh..... Amount  
in words..... for a  
period of.....Months in instalments of Ksh.....each month commencing on.....

**PAYBILL NO: 638018**

**C. PURPOSE FOR WHICH LOAN IS APPLIED**

Please specify purpose for the loan and in case of several uses, state the amount for each use;

1) ..... 2)..... 3).....

**D. SECURITY WHICH I OFFER FOR LOAN (attach copies of collaterals where applicable)**

1).....2).....3).....

**E. DECLARATION**

I hereby declare, that the foregoing particulars are true to the best of my knowledge and believe, and agree to abide by the By-laws of the Society, Loan Policy and any variations by the Board of Directors in respect of Section B above. I therefore authorize the necessary deductions, including chargeable interest on monthly basis to be made from my salary/earnings as repayment for this loan. I declare that I am not indebted to any other Credit Society, Bank or Credit agency (except as listed below) either as borrower or endorser.

S/No	Institution Name	Amt. Borrowed	Loan Balance	Recovery Rate	Liability Status (Borrower/ Endorser)
1					
2.					
3.					

**F. REPAYMENT GUARANTEE**

We, the undersigned hereby accept jointly and severally, liability for reliability for the repayment of the loan in the event of borrower’s default. We understand that the amount in default may be recovered by an offset against our share deposit in the Society or by attachment of our property or salary and that we shall not be eligible for loans unless the amount in default has been cleared in full.

**G. GUARANTORS**

	PFNO	Name	Amount Guaranteed	Tel/Mobile No	Signature.

**Witness: Name..... PF/No:..... Sign:..... Date:.....**

**G. COMMENTS BY THE EMPLOYER**

The applicant is employed

by.....in.....County/Station/Dept/Min.....

Subject to the rules and loan policy of society, I support the application and will inform the society should the employee be transferred or discharged from the Ministry, Department or County.

Name.....Employer’s Signature & Official Stamp.....

**H. BRANCH COMMITTEE RECOMENDATIONS**

I/ We confirm that the member belongs to my County

Chairman’s Name ....., PF/No:..... IDNO.....

County.....Signature..... Date.....

**I.FOSA ADVANCE APPLICATION**

**TERMS & CONDITIONS FOR FOSA ADVANCE**

- I. Attach most current pay slip.
- II. A bank statement for the last six (6) months or statement of income for business members.
- III. Collateral(s) shall be accepted where applicable.
- IV. Applicant(s) **MUST** be operating FOSA account.
- V. Loan approved by the Society **will be paid to member’s account in FOSA.**
- VI. **Latest certified** bank loan statement from beneficiary bank **MUST** be provided.
- VII. By filling this form it **implies** that **YOU** have agreed to the terms and conditions, By-Laws, Loan Policy and any other laws applicable.

I wish to apply for Ksh....., (in words .....  
to clear my outstanding Loan(s) in Asili SACCO/Bank.....to enable processing of another loan.

**J. LOANS TO BE CLEARED ARE AS BELOW:**

SACCO loan. Ksh:.....FOSA Loan Ksh.....Bank Loan Ksh.....

**K. CUSTOMER DECLARATION**

I hereby certify that, to the best of my knowledge and belief, all information provided for this application and in the accompanying documents is true, complete, and correct. The undersigned give irrevocable authority to FOSA to recover the advanced amount in full plus other incidental charges. I confirm that I have authorized Asili SACCO Society to access my credit profile and that this profile can be delivered to their e-mail/postal address indicated herein and hereby authorize CRB to mail/deliver or send my credit report to the e-mail/postal address indicated herein. I release Asili SACCO Society and its officers, employees and agents from all claims, actions or proceedings of whatsoever nature and howsoever arising, suffered or incurred in connection with CRB sending/delivering/ mailing my credit report to the address that I have provided. I also acknowledge my awareness that I will be listed in Credit Reference Bureau (CRB) upon defaulting.

Name..... Sign..... Date.....

**FOR OFFICIAL USE ONLY**

**L. CREDIT DEPARTMENT**

Amount approved Ksh .....repayable in ..... months. The loan application is  
Suspended  Rejected  Amount applied reduced  for the following reason(s): 1.....  
2).....3).....

Loan appraised by:.....Signature & Date.....

Approved by:.....Signature & Date:.....

**M. LOAN CLEARANCE RECOMMENDATIONS:**

I recommend that outstanding Loan(s) Internal Loans (Ksh) .....External loan(s) (KSh).....  
to enable member qualify for Ksh.....in words:.....

Name..... Sign .....Date.....

**N. FOSA SECTION:**

Advance Type	Rate (%)	Principal Loan	Early Loan Clearance Penalty (ELCP)	Total Amount (Ksh.)
Sacco Loan				
External Loan				
<b>Total Ksh.</b>				

Name .....Sign/Stamp .....Date.....

**O. CREDIT COMMITTEE**

I/We have examined the above application in conjunction with the above remarks and have decided as follows:

- a) Loan approved Ksh..... recoverable in ..... months.
- b) Deferred / rejected for the following reason(s) 1).....2)..... Credit Committee Minute No.....Chairman. Name..... Signature:..... Date..... Member1 :Name:.....Signature.....Date:..... Member2: Name:.....Signature.....Date:.....

**P. LOAN DISBURSEMENT (All loans will be credited to member's savings account in FOSA)**

FOSA EFT No:..... Amount (KSh.):.....A/c No.:.....

Processed by:.....Signature:.....Date:.....

**Q. INTERNAL AUDITOR'S REMARKS**

I have verified and certified that the due processes were (a) followed (b) not followed in granting the loan to the member.

- Reason(s) 1. .... 2.....
- 3..... 4.....

Name.....Sign..... Date/Stamp.....