



ASILI SACCO SOCIETY LIMITED

KARIBU LOAN APPLICATION & CONTRACT FORM

Asili Coop Center, Lower Ngara Road
Opp. Arya Boys Secondary School
P.O. Box 49064-00100 Nairobi
Mobile: 0722 472 823 / 0733 472 823
Customer Care No: 0729 875 784

Email: info@asilisacco.coop Website: <http://www.asilisacco.coop>

A. PERSONAL INFORMATION

Name:
Est Number.....ID No.....Gender. F M
(please tick)

Date of Birth. Day..... Month..... Year.....
Work Station.....Employer.....Position.....
Terms of Service: Permanent **Contract** **Temporary**
(please tick)

Address.....TownCounty.....
KRA Pin No.....MobileEmail.....

B. LOAN APPLICATION AND REPAYMENT

IWish To Apply For kshs.
Amount in words
.....
For a period ofmonths repayable in monthly instalments of ksh.each
commencing on

PAYBILL NO: 638018

Asili, Our Sacco , Our Future

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.

| | PFNO | Name | Amount Guaranteed | Tel/Mobile No | Signature. |
|-----------------------------|------|------|-------------------|---------------|------------|
| <u>G. GUARANTORS</u> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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.....

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. ACCOUNTS DEPARTMENT

Confirmation of Amount approved Ksh

Checked by:Signature & Date

Approved by:Signature & Date:

N. 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

Member 1: Name SignatureDate.....

Member 2: Name Signature Date:.....

PAYBILL NO: 638018