



OUR SACCO ,OUR FUTURE

ASILI SACCO SACCO SOCIETY LIMITED.

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PERSONAL LOAN APPLICATION & AGREEMENT FORM

A. REQUIREMENTS AND INSTRUCTIONS *(Applicants must read the following before completing this form)*

1. *The applicant must ensure that the form is duly filled. Incomplete forms will be rejected.*
2. *The loan application form must be signed by the applicant, guarantors, Employer and branch delegate where applicable.*
3. *The applicant must attach a current payslip and a copy of National ID card on every loan application.*
4. *The loan form and the payslip must be certified by the employer.*
5. *Latest certified bank loan statement from beneficiary's bank MUST be provided in case of buyoff.*
6. *Non-check-off members to attach a 6 months' bank statement*
7. *Loan approved by the Society shall be credited to member's account in FOSA.*
8. *All loans granted to members shall be listed with CRB positively or negatively.*
9. *The loan application form will be valid for 30 days from the date of receiving.*
10. *By filling this form, it implies that YOU have agreed to the terms and conditions, By- Laws, Credit Policy and any other laws applicable.*

B. PERSONAL INFORMATION

- 1) Name.....PF/NumberID No.....
- 2) Date of Birth: DD.....MMYY..... Retirement Date.....
- 3) Member's Home Details: Postal Address County.....
Sub-countyLocation.....Village.....
- 4) Source of income: Salary/Business/Others Occupation.....
- 5) Employer: Postal address: Work station.....
- 6) Terms of Services: -Permanent & Pensionable: -Contract, -Temporary, Others:
- 7) KRA Pin No.....Tel/Mobile.....Email:
- 8) For Business members/Self-employed: Business NameNature of business
(where applicable) Location.....

C. LOAN APPLICATION AND REPAYMENT

I.....hereby apply for a loan of **Kes:**
 Amount in words.....for a period ofMonths
 Monthly installments of **Kes:** per month plus interest commencing on.....

D. PURPOSE FOR WHICH LOAN IS APPLIED

Please Tick where appropriate

Medical Land/housing Education Asset financing Manufacturing
Trade If agricultural Specify.....

E. MODE OF LOAN REPAYMENT

Check off Standing Order Paybill/Cash

F. SECURITY WHICH I OFFER FOR LOAN(Attach copies of collaterals where applicable)

Guarantor Tittle Deed Logbook Deposits Self - Guarantee Fixed deposit

G. IRREVOCABLE AUTHORITY.

I hereby 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) |
|------|------------------|---------------|--------------|---------------|--------------------------------------|
| | | | | | |
| | | | | | |

H. REPAYMENT GUARANTEE *(To be completed by the guarantors who must be members of the Society)*

MUST be signed by the guarantors and should have known the amount being applied. In consideration of granting the above loan or lesser amount that may be approved, We the undersigned hereby accept jointly and severally, liability for reliability for the repayment of the loan balance in the event of borrower's default. We understand that the amount in default may be recovered by attachment to our salary, an offset against our deposit in the Society or by attachment of our property and any other benefits due to us from the society (e.g Dividends and interest) and that we shall not be eligible for loan(s) unless the amount in default has been cleared in full.

a) GUARANTORS

| S/No | PF/NO | NAME | I.D No. | Tel/Mobile No. | Signature |
|------|-------|------|---------|----------------|-----------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

NOTE: The applicant's deposits and guarantor's deposits must fully cover the loan amount.

b) COLLATERAL

i. Title deed

| | | |
|--|--|-----------------|
| Title Name: | | Certified Value |
| Title No: | | |
| LR. No: | | |
| Confirmation of documents attached(sign): office | | |

ii) Log Book

| | | |
|--|--|-----------------|
| Log book Name: | | Certified Value |
| Log book No: | | |
| Chassis No: | | |
| Engine No: | | |
| Confirmation of documents attached(sign): office | | |

I. COMMENTS BY THE EMPLOYER

The applicant is employed by.....in..... County/Station/Dept/Min.....

On behalf of the employer, we undertake to effect deductions for the loan applied and hereby confirm the applicant qualifies for the loan in line with one third rule. I support the application and will inform the society should the employee be transferred or discharged from the Ministry, Department or County and further undertake to recover any loan for the society from the employee's benefits.

Name.....**Employer's Signature & Official Stamp**

J. BRANCH COMMITTEE RECOMMENDATIONS

I/We confirm that the member belongs to my branch/station.

Delegate Name.....PF/No.....ID NO.....

Branch Name.....Signature..... Date.....

K. LOANS TO BE CLEARED ARE AS BELOW:

SACCO Loan. Ksh..... FOSA Loan Ksh..... Bank Loan Ksh.....

L. CUSTOMER DECLARATION

I hereby declare that all the information provided herewith are true to the best of my knowledge. I agree to abide by the Society's By-laws, Credit Policy and any variations made by the Board of Directors in respect of the current loaning terms & conditions. The undersigned give irrevocable authority to FOSA to recover the advanced amount in full plus other incidental charges. I also consent checking of my credit profile and sharing of all information with the Credit References Bureau (CRB) and Debt Collector by the Sacco and further effect any necessary deductions from my deposits & dividends, in case of default. **I am further willing to provide my personal information and consent to its use as prescribed in the Asili Sacco Data Protection Policy (The policy is available on our website www. asilisacco.coop and in our offices)**

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

FOR OFFICIAL USE ONLY

M. LOAN CLEARANCE RECOMMENDATIONS:

I recommend clearance of outstanding Loan(s) Internal Loans (Kes).....External loan(s)
(Kes)to enable member, qualify for Kes.....in words.....
Name.....Sign..... Date.....

N. CREDIT DEPARTMENT.

I certify that this loan application is within the Society's current Credit Policy and I recommend approval of Kes: repayable in.....installments at the rate of Kes:.....per month.
The loan application is

Suspended Rejected Amount applied reduced For the following reasons (s):

- 1)
- 2)
- 3)
- 4)

Loans appraised by:Signature Date.....

Approved by:Signature..... 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 Kes.....recoverable in..... months

b) Deferred/rejected for the following reason(s)

- 1)
- 2).....

Chairman: Name.....SignatureDate

Member 1: NameSignatureDate

Member 2: NameSignature.....Date