

CONFIDENTIAL

MEMBER'S A/C. NO.	
BRANCH	

LOAN NO	
CREDIT SCHEME	
DATE	

Type of loan (Tick as appropriate)

SALARY DAIRY TEA OTHERS

NOTES TO APPLICANT

1. Attach current payslip and copy of ID card.
2. In case your loan / advance is not recovered through the payroll or FOSA account please ensure that it is paid by CASH promptly to avoid interest in arrears, penalty and default.
3. FOSA loan may be granted to FOSA account holders who meet the requirements set by the Sacco.
4. Maximum recovery period for Fosa loan is 9 MONTHS

APPLICANT'S PERSONAL INFORMATION

1. Full Names (as in ID card).....Nickname.....
2. Date of birthAge.....Place of birth.....
3. Personal/Employment No.....Pin No.....Marital Status.....
4. Mobile No.....Email.....Tel No.....Ext.....
5. Member's Current Address.....Postal code.....
6. Spouse/Relative.....Mobile no.....Occupation.....
7. Home Details: Address.....Postal code.....
County.....Sub county.....Location.....
Sub-Location.....Ward.....Village.....
8. Employer (Ministry).....
9. Employer's mailing address.....Postal code.....
10. Current Station.....Position held.....
11. Terms of Employment - Permanent & Pensionable/Temporary/Contract/Other
(Specify).....

DEBT & COMMITMENT

OWED TO	PURPOSE	AMOUNT	DATE

B. LOAN APPLICATION & REPAYMENT

- Amount applied(kes.).....(Amount in words).....
- Repayment period.....(months)
- monthly installment i can pay(kes).....
- Amount approved(kes.).....(Amount in words).....
- Purpose for which advance is applied (In case of several uses of the advance, state the exact amount for each use).
 -Ksh.....
 -Kshs.....
- Security: I wish to provide the following as security for the loan
.....
Signature.....Date.....

C. REPAYMENT GUARANTEE (To be completed by at least three guarantors who must be SACCO members)

Amount of loan guaranteed Kshs..... (In words).....

Consequential to the society-granting whole of the above or lesser amount that may be approved, we the undersigned do hereby accept jointly and severally liability for the repayment of the loan in the event of the borrowers default. We understand that the amount in default may be recovered by an offset against our dues in the society or by attachment of our property and proceeds without further notice and that we shall not be eligible for loans unless the amount in default has been fully cleared.

	NAME	A/C NO.	Tel No.	SHARES	ID NO	SIGN	DATE
1							
2							
3							
4							
5							
6							
7							
8							

D. EMPLOYERS/MARKETING AGENCY UNDERTAKING (To be completed by Management)

On behalf of the employer / Management ,we undertake to channel his/her salary and any other benefits via Southern Star until the loan applied is paid in full. We further undertake to effect deductions against is/her salary/dues if required by the Sacco. We hereby confirm that we will not consider or approve any further credit either in kind or cash that would affect his /her loan repayment.

Checked by: Name..... designation:..... date:.....Phone No.

Recommended By: Name..... designation:..... date:..... Phone No.

Approved By: Name.....designation:..... date:..... Phone No.

Office Rubber Stamp.

E. DECLARATION OF APPLICATION

I.....certify that the above statements are true and complete to the best of my knowledge and belief and authorize the sacco to make any enquiries and/or references from any third parties /persons or institutions as may be necessary. I am aware that my application may be prejudiced for non-disclosure of material facts. I also understand that the Sacco reserves the right to decline the application without giving reasons.

I also hereby authorize all the necessary deductions from any of my dues/entitlement, as repayment for this loan/ advances without notice. I also authorize the society to attach the pledged securities in the event of default.

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

Witnessed (Name).....Member No.

Address.....Payroll No.....

Signature..... ID/No.....Date.....

FOR OFFICIAL USE ONLY

Appraised / Recommended by:

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

Approved by: (branch) minute No.....Date.....Signature.....Signature.....

Credit Manager:.....Signature.....Date.....

HQ Credit Committee Minute no.....Date.....

Signature.....Signature.....Signature.....

Board Credit Committee Minute no.....Date.....

Signed by:

Chairman.....Date.....

Chief Executive Officer.....Date.....

Member.....Date.....