

LAINISHA SACCO SOCIETY LIMITED.

"My Choice"

P.O. BOX 272-10303

WANG'URU

TEL: 0705-492352



Email: info.mrfsacco@gmail.com

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GROUP Loan Application Form

FOR OFFICIAL USE ONLY

Branch	
Account Name	
Customer Number	
Product Type	
Product Code	
Credit Reference	

APPLICANT'S PERSONAL DETAILS

Sur name Middle Name..... First Name.....
 Date of Birth..... ID No/Passport No..... Income Tax PIN No.....
 Cell phone..... E-mail address..... Postal address.....
 Residential Area village (draw map on reverse)

How long at this residence Rent Own Other

Former Residence (if less than two years at current residence).....

Landlord Name and Telephone Number (include former landlord if less than two years at current residence)

.....

BANKING DETAILS

Date account opened..... Account type..... Account number.....

Other accounts held at the SACCO

Account Name	Account Number

Accounts with other Financial Institutions

Institution	Type of Account

Does applicant have any other borrowings outstanding at the moment? Yes No

If "yes" please provide details in the table below:

Name of Institution	Original Amount	When Given	Outstanding Balance	Monthly Repayment Amount

If existing borrowing is SACCO's please provide details

Account number	Loan type	Amount given	Date given	Balance

DETAILS OF LOAN REQUESTED

Amount of Loan requested Kshs.....
 Amount in words.....
 Purpose of Loan.....
 Security offered

Type of security (Freehold, leasehold, cash, guarantee etc)	Estimated value	Brief description

MEMBER DECLARATION

I/ we certify that the above information are true best of my/ our knowledge and belief. I/We authorize you to obtain any information you may require relating to this application from my/our banker if any and from any other source to which you may apply. Each source is hereby authorized by me/us to provide you with such information which you may consider necessary for confirmation of credit assessment. I/We undertake to notify the SACCO immediately of any situation which materially changes the representation of this application. I/We hereby authorize the SACCO to disclose any and all information in respect of my/our account to the guarantors for as long as the guarantor’s liability of this debt outstands. I/We confirm that I/We am/are in good health. I/We have read, understood, accept and agree to abide by the terms and conditions of the loan facility now in force and as may be changed from time to time. I/We append my/our signature(s) as confirmation of this declaration

Applicant’s signature /Thumb print Date.....

Application verified and confirmed by the Credit Officer:

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

DISBURSEMENT DETAILS

Amount.....
 Start Date..... End Date.....
 Interest Rate.....%

Repayment Method.....
 Effective Date.....
 Repayment frequency.....
 Grace Period.....
 Payment Amount.....

APPROVAL SECTION

1. Credit Supervisor

Approved/Deferred/Declined
 Comments.....
 Name.....Date.....
 Signature.....Date.....

I.

2. CEO

Approved/Deferred/Declined
 Comments.....
 Name.....Date.....
 Signature.....Date.....

3. Chairman credit committee

Approved/Deferred/Declined
 Comments.....
 Name.....Date.....
 Signature.....Date.....

4. Board of Directors. Date:

Chairman.....
 Treasurer.....
 Secretary.....
 Chairman credit committee.....

Signature of Applicant/.....
 Thumb print

[Signed in the presence of a SACCO official].....