



UKRISTO NA UFANISI SACCO LTD.



LOAN APPLICATION & AGREEMENT FORM

Branch: Loan Product Type:

Loan Number: Member No.:

CHECKLIST

BUSINESS MEMBER

- ID/Passport
- PIN certificate
- Certified Bank statements for the last 6 Months for registered business
- Certificate of Incorporation /Registration
- CR 12 for limited Companies/Partnership
- Business permit
- Resolution to borrow
- Signed Minutes

SALARIED MEMBER

- ID/Passport
- PIN certificate
- Guarantors Ids / Passports
- Pay slips for the last 3 months (certified by employer)
- Certified Bank statements for the last 3 months (salary A/C)

COLLATERAL REQUIREMENTS

- Original log book/ title deed
- Copy of car insurance sticker

CLIENTS PERSONAL INFORMATION

Applicant's Name (Mr/Mrs/Miss/Dr/Prof): Date:
National ID/Passport No.: PIN No: Church:
Nationality: Date of Birth: Borrower's Mobile No.:
Location of current residence (Major landmark e.g Public School, Church, e.t.c):
Town Estate: House No.: Rented: ☐ Owned: ☐
Street: Postal Address: Current Email:

MARITAL STATUS

Single: ☐ Married: ☐ Widow: ☐ Divorced: ☐ Others: ☐

Name of the Spouse: Signature: (Attach ID Copy)

Phone No. of Spouse:

Next of Kin (if applicant not married) Name: Signature: ID No:

Phone No:

BUSINESS DESCRIPTION

Type of Business: Business Location:

Major Landmark (e.g. Public Schools, Church etc):

Average Income	Amount	Average Expenditure	Amount
Rented		Rent	
Farming		Food	
Business		School Fee	
Others		Transport & Others	
Net Income			

Name of Employer: P.O Box: Tel:
 Employment Terms: Permanent: ☐ Probation: ☐ Contract: ☐ If contract state the contract
 period: Job Description: Employment No.:
 Incharge Name: Phone No.: Station:
 Department: How long have you worked for your current employer?..... (Years)

Loan applied for Ksh: Amount in words:

 Repayment period: Affordable monthly installment: Loan Purpose:

Cheque: Fosa Savings account:

	Names	ID No.	Telephone	Relationship
1				
2				
3				
4				

Lendinginstitution	Outstanding Balance	Loan	Repayment Amount	Comments
Totals				

Inconsideration of the above loan or any lesser amount than may be approved we the undersigned members of Cell group hereby accept jointly and severally liability for payment of the aforementioned loan including interest and appertaining cost of loan in the event the borrower defaults. We understand that the amount in default may be recovered by an offset of our non-withdrawable deposits in the society or by attachment of our property and that we may not be eligible for loans unless the amount in defaults is paid in full.

[illegible]

I Group coordinator of Cell group hereby acknowledge that our cell group has members. They have attested their signatures without duress, on this guarantor’s form during a cell group meeting in my presence as a witness.

Signature: Date:

ADDITIONAL SECURITY

Type (Asset Pledged)	Serial/Title/Reg No.	Year Bought	Location	Current Value

I provide the assets stated above as security for a loan of kshs.....Given by Ukristo na Ufanisi Sacco and the assets have not been pledged to any other organization or group for any loan. I certify that the information given is true to the best of my knowledge.

Signature: Date:

CUSTOMER DECLARATION

- i. I/We authorize you to obtain any information you may require relating to this application from my/our employer(s), if any and from any other source to which you may apply, each source being hereby authorized by me/us to provide you with such information.
- ii. I/We undertake to notify the company immediately of any situation, which materially changes the representation of this application.
- iii. I/We declare we have not been adjudged bankrupt.
- iv. I/We understand that you may in your sole discretion reject this application without having to provide any reasons.
- v. I/We declare that the information provided in this application form is true.

Applicant Name: **Signature:** **Date:**

Witness Name: **Signature:** **Date:**

LOAN AGREEMENT

I Of ID No. Being a member of..... Cell group membership No: of P.O Box: Hereby accept a loan of Ksh..... in words.....

Repayment period months Ksh..... monthly installment from Ukristo na Ufanisi Sacco limited under the following terms;

1. The loan is subject to an interest of..... per Month. Failure of such payment will result to a penalty amounting to 10% of the underpaid instalment amount. This applies to all loans.
2. The first repayment will be paid as and when it falls due.
3. Upon the default for three months the guarantors (where applicable) will be informed through electronic media, if arrears are not paid in full the amount will be recovered at your expense and where an additional security is given we shall commence sale of the security for the recovery of the amount outstanding and remaining unpaid together with interest thereon at the rate(s) stated above plus all costs and other charges ensuing therefrom.
4. Borrower will be a responsible member of the group by ensuring that monthly savings and loan repayments are paid on time.

5. No withdrawal of deposits during the duration of the loan.
6. In the event of loan default, the borrower will be responsible for any costs incurred for collection, legal or otherwise stated in the Sacco policies and Bylaws and any other applicable laws as per the regulator.
7. The Borrower expressly consents and allows the Sacco to forward personal data and full file credit information to licensed credit reference bureaus in accordance with the Regulations.
8. The Sacco shall be entitled (but shall not be obliged) at any time and without notice to the Borrower to combine, consolidate or merge all or any of the Borrower's accounts and liabilities with and to the Lender and may transfer or set off any sums in credit in such accounts in or towards satisfaction of any of the Borrower's liabilities whether actual or contingent, primary or collateral.
9. IThe applicant agree to abide by the policies of the Sacco and to any amendments to the policies provided such are communicated to me.

Signature (Borrower) ID No.: Date:
 Credit Officer (Witness) Name: Sign: Date:

OFFICIAL USE ONLY
LOAN APPRAISAL (ATTACH GROUP STATUS REPORT)

- i. Total Deposits: Cell group name:
- ii. Total group deposits: Total group loan:
- iii. Additional security: Yes: ☐ No: ☐ Type:
 Value: Physically inspected Yes: ☐ No: ☐ if yes, name of the officer and one credit committee member (joint comment) NB for Asset only.
 Date: Signature:
- iv. No. Of members in the cell group: No. of member who have appended their signatures:
- v. When was the cell group meeting:
- vi. Applicant's saving record for the last 6 months:
- vii. Average savings record for the last 6 months: Lump sum:
- viii. Dormant members in the cell group: Yes: ☐ No: ☐ Give details:

Credit Officer Amount Recommended: Comments:
 Name of credit officer: Signature: Date:
Amount approved by the credit manager: Comments:
 Name: Signature: Date:
Amount approved by the CEO: Comments:
 Name: Signature: Date:

BOARD CREDIT COMMITTEE RECOMMENDATIONS

Amount approved: Amount in words:
 Loan period: Comments:

Name	Position	Signature	Date
	Chairman		
	Secretary		
	Member		