



APPLICATION FOR LOAN AND AGREEMENT FORM

Customer Care Stamp

INSTRUCTIONS: Read the following instructions carefully

- The loan application form MUST be signed by the Applicant, Guarantors, OCPD/OC/CO/CCO/Departmental Head or Authorized Employee Representative from where the applicant is currently working.
- ANY ALTERATIONS made on the loan application form may lead to disqualification.
- Any loan that requires bridging/clearance MUST be indicated on the section provided (LOANS TO BE CLEARED BY THE SACCO).
- All loans extended to member shall be listed on CRB positively or negatively.
- All the applicants MUST attach their latest two pay slips and a copy of their ID/Passport.
- All applicants are required to provide their online payslip password for verification.
- Any member requesting for loan clearance by the SACCO and deposits boosting will be charged as determined by the board of directors and might change from time to time.
- The loan application form will be valid for only 30 days from the date of signing.

PART A : TO BE FULLY FILLED BY THE APPLICANT

APPLICANTS PERSONAL INFORMATION

Full Name: _____ ID No: _____

Payroll Number: _____ Age: _____

Mobile Phone Number: _____ Present Address: _____

Payslip Password: _____ Email Address: _____

Employment Details:

County/Formation: _____ Sub-County: _____ Station: _____

Basic Salary: _____ (Attach 2 current original pay slips) Other Income: _____

LOAN PARTICULARS/LOAN TYPE (Tick the appropriate box)

- | | | |
|---|---|---|
| <input type="checkbox"/> Jumbo Loan (108Months) | <input type="checkbox"/> Premier Loan (96 Months) | <input type="checkbox"/> Mega Loan (84Months) |
| <input type="checkbox"/> Super Loan (72 Months) | <input type="checkbox"/> Refinancing Loan (60Months) | <input type="checkbox"/> Muslim Normal Loan (60Months) |
| <input type="checkbox"/> Normal Loan (48 Months) | <input type="checkbox"/> Emergency Loan (24Months) | <input type="checkbox"/> Muslim Emergency Loan (24 Months) |
| <input type="checkbox"/> Asset Financing Loan (24 Months) | <input type="checkbox"/> School Fees Loan (12 Months) | <input type="checkbox"/> Bima Loan (12 months) |

Others (Specify) _____

Purpose of the loan: ☐ Medical ☐ Agriculture ☐ Land/housing ☐ Education ☐ Asset Financing

Others (Specify): _____

Mode of loan repayment: ☐ Check off ☐ Standing order ☐ Cash/Mpesa

Amount Applied for in figures: _____

Amount Applied for in words : _____

Amount of shares/deposits held (Kes): _____ Total shares/deposits to be boosted (Kes): _____

Number of Outstanding Loans: _____ Amount: _____ Other Liabilities: _____

LOANS TO BE CLEARED BY THE SACCO (Tick the appropriate box)

- | | | |
|---|---|---|
| <input type="checkbox"/> Jumbo Loan (108Months) | <input type="checkbox"/> Premier Loan (96 Months) | <input type="checkbox"/> Mega Loan (84Months) |
| <input type="checkbox"/> Super Loan (72 Months) | <input type="checkbox"/> Refinancing Loan (60Months) | <input type="checkbox"/> Muslim Normal Loan (60Months) |
| <input type="checkbox"/> Normal Loan (48 Months) | <input type="checkbox"/> Emergency Loan (24Months) | <input type="checkbox"/> Muslim Emergency Loan (24 Months) |
| <input type="checkbox"/> Asset Financing Loan (24 Months) | <input type="checkbox"/> School Fees Loan (12 Months) | <input type="checkbox"/> Bima Loan (12 months) |

Others (Specify) _____

PART B: DECLARATION BY APPLICANT

I _____ ID Number _____ hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the by laws and loan policy of the society and variation by the Credit Committee in respect of amount of loan applied and repayment period. I hereby authorize the necessary recoveries to be made from my salary/bank account(s) as repayment for this loan.

Applicants Signature: _____ Date: ____/____/____

PART C : MUST be signed by the guarantor and should have known the amount being applied. In consideration of granting the above loan or any lesser amount that may be approved, we the undersigned hereby accept jointly and severally the liability for its repayment in the event of borrowers default. We understand that the amount in default may be recovered by attachment to our salary or an offset against our deposits in the society. All guarantors signatures will be verified. Any discrepancies will require a replacement or filling a new application form.

S/ No.	PF/No.	NAME	HOME ADDRESS	ID No.	SIGNATURE	MOBILE No.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

NOTE: Applicants deposits and guarantors deposits must fully cover the loan amount.

PART D: MUST be signed by any authorized employer representative. For members in business, retirees (pensioners), cash payments, direct debits and standing orders, signing will be done by a designated KNPDT SACCO representative.

Certified that the applicant is still in Employment/ is a pensioner/ is in business.

Name: _____ Title/Position: _____ Signature: _____

Date: _____ Stamp: _____

PART E: RECOMMENDATION BY AUTHORIZED SACCO STAFF.

On _____ 20 _____ we approved the loan for Kes _____

_____ as per our Minute No. _____

1st Approval

2nd Approval

3rd Approval