

Kenya Police Sacco Plaza, Ngara Road, off Muranga Road, A / P.O.Box 51042-00200, Nairobi Pilot No. 0709825000 E / info@policesacco.com W / www.policesacco.com

## WEZESHA LOAN APPLICATION AND AGREEMENT FORM

## **TERMS AND CONDITIONS**

- 1. The applicant MUST be a member of Kenya Police Sacco Society Limited.
- 2. The member to have a business account, which must be active for at least two months.
- 3. The member should 25% of the amount applied in the business savings account.
- 4. The member MUST have an active business, in operation for at least 1 year.
- 5. Amount approved will be based on the business cash flow.
- 6. The member will be required to provide security for the loan. The security must be valued and charged. The valuation and charging fees are borne by the borrower.
- 7. For group application, all the members of the group MUST be active members of Kenya Police Sacco.
- 8. The group MUST have a common income generating activity.
- 9. Have a clean Credit rating.
- 10. In case of default, the loan will attract a penalty of 5% of the monthly repayment(principle plus interest).
- 11. Should the SACCO engage Debt collectors / Auctioneers in recovery of loans in arrears, the Auction fee/ Debt collection fees are borne by the borrower.

APPLICANTS PERSONAL INFOI     Applicants Name (Mr/Mrs/Miss/Dr/F		
	,	Business Account No:
Marital status Single Married	_	_
Religion:		Nationality:
Date of Birth:/	/ Sex	Male Female
Permanent physical postal Address:	(	Current Postal Address:
Current Residence:	Mobile	e number:
E-mail:		
Name of spouse: :	Mobi	le No: :
Permanent Postal Address: : Current postal address:		
House Ownership: Owned	Rented Lease	
2. APPLICANTS PERSONAL INFOI Name of Business:		
Type of business: Sole proprietorship		
Nature of Business:		
Registration No:	License No:	KRA PIN:
No. of years in business:	Business	postal Address:
Business Physical address:	Mol	oile No:



Business premises:				Rente	d Owned
If rented, lease period		remaining	period	rent payabl	e
If rented, lease period remaining period rent payable					
4. DETAILS OF DIRECTO	DRS/ PAR	TNERS			
Name of Directors or Par 1.	tners	ID No.	Mobile Number	Percentage of Ownership	Signature
2.					
3.					
4.					
5. LOAN SECURITY/COI	LLATERAI	- FOR OFFI	CIAL USE ONLY		
Security Type	Descripti	on	Market Value	Force Sale Value	Registered Owner
1.					
2.					
3.					
4.					
6. LOANS WITHIN THE S	SACCO AI	ND OTHER IN	ISTITUTIONS		
Name of Institutions	Amount Advance		Monthly Repayment	Repayment Period	Outstanding Balance
1.					
2.					
3.					
4.					



## 7. DECLARATION

I/ We confirm that the above information given by me/us	is the true and factual position	on of my/ou	r busine	ess and
I/ we authorize the SACCO to obtain any information from	m ourselves and /or third part	ies to verify	the inf	orma-
tion provided herein;				
Name:	Signature:	_ Date:	_/	_/
None	O's sell or	D. I.	,	,

Name:	Signature:	/_Date://
Name:	Signature:	Date:/
8. OFFICIAL USE ONLY		
Micro Credit Assistant		
Recommendations:		
Name:	Signature & Stamp:	Date: ://
Micro Credit Officer		
Recommendations:		
Name:	Signature & Stamp:	Date: · / /
TVAITIO.	Signature & Starrip.	
Credit Manager		
Recommendations:		
Name:	Signature & Stamp:	Date: ://



•	SKETCH DIRECTION OF THE LOCATION OF BUSINESS (BELOW)