**NORMAL/EMERGENCY/OKOA/SUPER/SCHOLAR/HOUSING/DEVELOPENT/ASSET/KILIMO LOAN**

**LOAN APPLICATION FORM**

**Personal Information**

**MEMBER NUMBER: ………………………………………………………**

**NAME\*: ………………………………………………………………………………………………….ID NO\*: ………………...**

**POSTAL ADDRESS\*: ………………………………………………………………..TEL NO\*: …………………………………**

**PYSICAL ADDRESS\*: TOWN: …………………………………ESTATE: ……………...…….. HOUSE NO: …………**

**EMAIL ADDRESS\*: …………………………………………………………………… DATE OF BIRTH………………………….**

**SPOUSE/NEXT OF KIN\*: ………………………………………………………….. TEL NO\*: ………………………………………**

**Loan details**

**Amount applied for: …………………………………………**

**Purpose of the loan: ………………………………………………………………..**

**Date applied: ………………………………………Repayments period: …………….………….**

**TERMS AND CONDITIONS**

1. The loanee has to repay the loan within a period of months.
2. The loanee has to repay the loan in minimum monthly installment of Ksh
3. The loanee’s credit information will be checked at the **CRB.**
4. **In case of default, an interest of 2% above the normal interest will be charged on the amount defaulted.**
5. At any point during the term of the loan, if the loanee terminates their employment, they have to clear the entire balance of the loan before clearance with the employer**.**
6. A **1% (one percent) p.m. interest** will be charged on the balance of the principal amount lent. The interest shall be compounded monthly.
7. All deductions shall be charged on the expected monthly incomes or any other sources of income declared by the member.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEMBER NO.** |  |  | **NAME** | **AMOUNT GUARANTEEING** | **SIGN** |
|  |  |  |  |  |  |
|   |  |  |   |   |   |
|   |  |  |   |   |   |

**COLLATERAL SECURITY**

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBER NO.** | **NAME/DETAILS** | **COLLATERAL VALUE** | **SIGN** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

**DECLARATION**

**FOR OFFICIAL USE:**

Amount applied for: ………………………………………..

Amount Approved: ………………………………………….

Repayment Amount p.m.: ………………………………. Term in months: ……………………………………

**HEAD OFFICE COMMITTEE:** **SIGNATURE:**  **DATE:**

NAME: …………………………………………………….. ………………………….. ……………………………….

NAME: …………………………………………………….. ………………………….. ……………………………….

NAME: …………………………………………………….. ………………………….. ……………………………….

**CREDIT COMMITTEE: SIGNATURE: DATE:**

NAME: …………………………………………………….. ………………………….. ……………………………….

NAME: …………………………………………………….. ………………………….. ……………………………….

NAME: …………………………………………………….. ………………………….. ……………………………….

NAME: …………………………………………………….. ………………………….. ……………………………….

**FINANCE DEPARTMENT:**

NAME: ……………………………………………………………… SIGN: ……………………………….. DATE: ………………………….