

D. CREDIT HISTORY WITH OTHER FINANCIAL INSTITUTIONS

INSTITUTION	AMOUNT	PERIOD	INSTALMENT	LOAN STATUS
TOTAL				

COMMENTS BY THE LOANS OFFICER:

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E. MONTHLY TURNOVER

INCOMES	EXPENDITURES
Business	
Members Contribution	
Farming	
Rentals	
Others	
Totals	
Surplus / Deficit	

COMMENTS BY THE LOANS OFFICER:

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F. DECLARATION

1. We hereby declare that the above particulars are true to the best of my knowledge and agree to abide by laws of the society, the loaning and any other variation by management committee.
2. We declare that we are not indebted to any other savings and credit co-operative society.
3. We accept to pay all the expenses which might be incurred in the process of this loan recovery.

CHAIRPERSON : Signature: Date:

TREASURER : Signature: Date:

SECRETARY : Signature: Date:

G. LOANS OFFICER APPRAISAL

TOTAL SHARES: Kshs. X 3 Kshs.

Less total outstanding loans. Kshs.

Maximum entitlement Kshs. Delinquency Kshs.

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Name: Signature: Date:

H. ACCOUNTS SUPERVISOR / MANAGER RECOMMENDATION

I certify that the application is / is not within the rules and regulations of the society. I also certify that I have scrutinized the applications records and found him / her eligible for the loan.

I recommend an amount NOT exceeding Kshs.

Name: Signature Date:

I. FOR OFFICIAL USE

1. Total deposits (Less share capital) X 3
2. Current loan balance Kshs.
3. Loan being applied for Kshs.
4. Other security offered Kshs.
5. Total value of other securities offered Kshs.
6. Maximum loan eligible

7. Amount approved Kshs. in words
-
- repayable in months at instalments of Kshs.
- at an interest rate of 1% per month on a reducing balance.

Approved Rejected Differed

J. CREDIT COMMITTEE

Loan appraised and recommended for approval / rejection by:

Chairman: Sign: Date:

Secretary : Sign: Date:

Member : Sign: Date:

K. EXECUTIVE COMMITTEE

Chairman: Sign: Date:

Vice Chairman: Sign: Date:

Treasurer: Sign: Date:

Secretary : Sign: Date:

L. INSTITUTIONS OFFICIALS ACKNOWLEDGEMENT OF LOAN TERMS AND CONDITIONS:-

Officer's Name:

Rank: Date:

Officer's Name:

Rank: Date:

M. INSTITUTIONS OFFICIALS ACKNOWLEDGEMENT OF LOAN CHEQUES:-

Officer's Name:

Rank: Date:

Officer's Name:

Rank: Date:

N. TERMS AND CONDITIONS

1. We / I pledge to continue channeling my/our business proceeds committed in this application while this facility is in place.
2. We / I pledge to utilize the facility for the purpose stated in his loan agreement.
3. We / I pledge that I shall not sell / transfer / lease or pledge the item(s) to another lender the property or any other part thereof, forming the security during the tenure of the facility.
4. In terms of normal Sacco practices, the facility can be re-called for immediate settlement, while repayment period can be changed without a prior notice.
5. This agreement shall remain in force until the whole facility amount together with interest and other charges are fully paid.
6. All incidental costs including professional fees to this application will be paid by the applicant.
7. In case of default, all expenses incurred in recovery process will be borne by the applicant.
8. For loans above Ksh. 600,000/=, the applicant must provide bank statement for the last 6 (six) months.
9. **NB: The security offered shall be charged in favour of P.C.E.A. KAYOLE REGULATED NWD T SACCO LTD.**



P.C.E.A. KAYOLE REGULATED NWDT SACCO LTD.
(SAVINGS & CREDIT SOCIETY)

P. O. BOX 967 - 00518 KAYOLE, KENYA. Tel: 020 - 241 5577 / 0770 150 002
E-mail: pceakayolesacco@gmail.com

CORPORATE / GROUP LOAN APPLICATION FORM

LOAN NO.

A. CORPORATE / GROUP / CHURCH INFORMATION

Serial No. CRP. 098

Legal Name Certificate No.

(Name should be as it appears on the Registration Certificate)

Applicant Address: Physical Address.....

Contact Person full Names: Role / Position:

(Name should be as it appears on the ID Card)

Contact Person Mobile No.

Amount of Loan in figures: Kshs. in words

.....Repayment period:

Purpose of Loan:

Outstanding Loan Balance. Kshs. (if any)

B. SECRETARY / TREASURER INFORMATION

Name Tel. No.

(Name should be as it appears on the ID Card)

Postal Address

Resident Estate House No.

C. GUARANTORS (ATTACH COPIES OF ID)

[illegible]