



UKOMBOZI SACCO LTD

P.O Box 2758 – 20100 Nakuru Tel: 0719 312307, 0737 035736; Email: info@ukombozisacco.com;
Website: www.ukombozisacco.com

Together for a brighter future

ELECTRONIC GADGET LOAN FORM

Loan No.

I..... Membership Number
Hereby apply for a loan of Kshs..... Amount in words.....
....., to be paid in....., monthly installments at an
interest rate of 1.25% per month on a reducing balance method(Maximum repayment period 12 months).

A. PERSONAL INFORMATION:

- | | |
|---|-------------------------------|
| 1. Cell phone: | 2. Address: |
| 3. A/c Number: | 4. Bank name: |
| 5. Branch Name: | 6. Monthly income Kshs: |
| 7. Monthly expenditure Kshs: | 8. Region: |
| 9. County: | 10. Church: |
| 11. Employers Name (If employed): | 12. Employers Address: |
| 13. Employers Telephone/ Cell: | |

B. SHOP DETAILS

1. Shop name Branch

C. SECURITY OFFERED FOR THE LOAN

- a. My deposits.
- b. Guarantor's deposits.

I hereby declare that the foregoing particulars are true to the best of my belief, knowledge and abiding to the rules set in Society's By- Laws, the loaning policy and any variations by the committee.

In case of default in repayment, the entire loan will immediately become due and payable at the BOD discretion and all deposits I hold or any benefits due to me will be offset against the loan balance. Any remaining balance will be deducted from my guarantors by authority of their signatures appended and lead to blacklisting with the Credit Reference Bureau.

I also confirm that I have authorized the Society to share my credit information, access my credit profile from Credit Reference Bureau.

Applicant's Signature: ID Number: Date:

Next of Kin Name: Signature: Tel. Number:

Witnessed by: Signature Member No:

(Attach photocopies of your ID and next of Kin or the witness.)

Nairobi Office 0719 312 309 0782 301 313	Mombasa Office 0716 130 883 0782 601 188	Eldoret Office 0729 287 451 0782 850 884	Kitengela Office 0748 080 119 0782 301 118	Karatina Office 0748 080 086 0782 605 508	Nkubu Office 0719 834 321 0782 601 015	Kisii Office 0716 130 884 0782 601 415	Kisumu Office 0719 772 099 0782 599 822	O. Rongai Office 0726 498 199 0782 601 010
--	--	--	--	---	--	--	---	--

D. REPAYMENT GUARANTEE

We the undersigned acting as guarantors for the loan requested on page one of this Agreement understand and agree jointly and severally, that all shares and deposits with UKOMBOZI SACCO LTD OWNED BY US, are hereby Pledged as security for the loan or such part of it as may be granted but not exceeding Kshs..... Amount in words.....Also we the undersigned hereby accept jointly and severally that In case of default in repayment by loanee, the SACCO is authorized to deduct any balance and interest from the securities hereby pledged. We further understand that we shall not be eligible for loans at the time the repayment of the loan is in default. Our particulars are as follows:

	Member No.	Member's Name	Deposits Guaranteed Kshs	Deposits Available (Official Use)	ID No.	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
	TOTALS					

Official Use Only.

Guarantor's Eligibility verified & posted by:

Officers Name: Sign: Date...../...../.....

E. EMPLOYER OR YOUR PASTOR CONFIRMATION

Subject to rules and policy of the society, I..... support that the applicant is employed / a member ofand I will inform UKOMBOZI SACCO LTD should the employee / the member leave the church or employment is terminated. (Cancel where not applicable to you)

Signature..... Designation

Telephone/ Cell phone..... Address

Official Stamp.....

F. HOME SKETCH MAP

OFFICIAL USE ONLY

G. LOAN APPLICATION ANALYSIS

Total Deposits Kshs: Amount currently requested is Kshs:

New total loans will be Kshs:

ELEGIBILITY CALCULATIONS

Deposits: x3 = Kshs

Total guarantors cover the amount Yes No

H. RECOMMENDATION

Loan Officer: Amount: Sign: Date:

Remarks.....

Credit Officer: Amount: Sign: Date:

Remarks.....

Nairobi Office 0719 312 309 0782 301 313	Mombasa Office 0716 130 883 0782 601 188	Eldoret Office 0729 287 451 0782 850 884	Kitengela Office 0748 080 119 0782 301 118	Karatina Office 0748 080 086 0782 605 508	Nkubu Office 0719 834 321 0782 601 015	Kisii Office 0716 130 884 0782 601 415	Kisumu Office 0719 772 099 0782 599 822	O. Rongai Office 0726 498 199 0782 601 010
--	--	--	--	---	--	--	---	--

I. CREDIT COMMITTEE COMMENTS

Loan approved Kshsrecoverable in.....installments at an interest rate of 1.25% (percent) on a reducing balance.

Name: Sign: Date:

Credit committee’s minute no..... Date

If not approved, indicate the reason for the deferral or rejection.

Reason for deferred loans

- Incomplete information
- Dormant member
- Lack of supporting documents

Reason for rejected loans

- Bad repayment history
- Clear outstanding loan
- Lack of proper guarantors
- Membership period
- Ineligible purpose
- Inability to pay

Chairman’s signature Date

Member signature Date

Member signature Date