

EMERGENCY LOAN

LOAN APPLICATION AND ACCEPTANCE FORM

Date of Application.....FOSA ACCOUNT NO:..... FORM NO:.....

REQUIREMENTS

(a) Photocopy of ID both sides (b) One most recent original pay slips (c) Copy of Pin Certificate (d) 3 Months Certified Bank Statement

A. APPLICANT'S PERSONAL AND EMPLOYMENT DETAILS

Surname Other Names Member No.

Date of Birth ID No:..... PIN: Cell Phone No:

Employer: Terms of Service (Permanent, Temporary, Contract)

Date of Employment..... Designation:.....

Employment (Payroll) No: Workstation.....

County Sub-County.....

Present Address P.O. Box Code Town:

Gross pay Kshs: Net pay Kshs:

B. LOAN DETAILS

Loan applied for Kshs(amount in words) Kshs

..... Repayment period

PURPOSE FOR WHICH LOAN IS APPLIED

1. Amount (Ksh).....

2. Amount (Ksh).....

CURRENT OUTSTANDING LOANS

Lending Institution	Outstanding loan balance	Monthly Repayment	Comments

C. BORROWER'S DECLARATION

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief. I agree to abide to the society's by-laws and loan policy. I further declare that I have understood the terms of this loan product and I hereby authorize **Metropolitan National Sacco Ltd** to credit the proceeds of this loan to my FOSA Account. I authorize the Sacco to carry out credit checks with or obtain my credit information from/to, a credit reference bureau. I do accept personal liability for the repayment of the principal and interest amounts until full settlement is done. I further acknowledge that my monthly deposits contribution cannot be stopped until the Loan is settled in full. In the event of the loan account going into default, I consent to my name, transactions and default details being forwarded to a credit reference bureau for listing. I acknowledge that this information may be used by banking institutions and other credit grantors in assessing applications for credit by me, associated companies and supplementary account holders and for occasional debt tracing and fraud prevention purposes.

Signature:..... Date:.....

Witnessed by Sacco Officer

Name.....Signature:..... Date:.....

(F) REPAYMENT GUARANTEE

NB: Guarantors are advised to read carefully all information supplied in this form and the terms and conditions contained herein before signing the Loan Application. Any alterations of the loan amount applied for must be countersigned by all guarantors. In consideration of granting the above loan or any lesser amount that may be approved we, the undersigned hereby acknowledge to have read and understood the above rules and application and accept, jointly and severally, liability for repayment including interest and costs appertaining to the aforementioned loan in the event of the borrower's default. We understand that the amount in default may be recovered by an offset against our deposits/savings in the society or by attachment of our property, terminal benefits or salary, and that we shall not be eligible for loans unless the amount in default has been cleared in full. We also understand that the liability of the loanee and the guarantors is personal and shall extend beyond the deposits held by each one of us in the Sacco in case of default. I hereby confirm:

TO BE FILLED BY GUARANTORS						OFFICIAL USE
Member Name	ID Number	Member Number	Employer	Signature	Mobile No.	Guarantor Approved or Rejected

FOR OFFICIAL USE:

G. GUARANTORS' ELIGIBILITY

Checked by Signature:.....Date.....

H. APPRAISAL

Total Depositsx3 Kshs.....

Less outstanding loan Kshs.....

Loan applied for Kshs.....

Current Ability (Kshs)

Amount Recommended Kshs.....rate per month (Kshs)..... for.....months

Appraised by: Name.....Signature:.....Date:.....

Remarks

(I) CREDIT APPROVAL

(i) Credit Manager

This application should be accepted for the amount of Kshs.

(in words).....

Name.....Signature:.....Date.....

Remarks

(ii) Chief Executive Officer/ Finance Manager

This application should be accepted for the amount of Kshs.

(in words).....

Signature:.....Date.....

Remarks

(iii) Credit Committee

This application should be accepted for the amount of Kshs.

CHAIRMAN::.....DATE.....

SECRETARY::.....DATE.....

MEMBER::.....DATE.....

(J) DISBURSEMENT

Name..... Amount Kshs. Signature:..... Date.....

(K) DATA OFFICER

Amount Kshs. Rate Kshs..... W.e.f. Signature.....