



Metropolitan National Sacco Ltd.

Building Better Lives Together

REGISTERED OFFICE:

Ground Floor of Chai House, Koinange Street P. O. Box 5684- 00100 Nairobi Tel: (020) 8007509 / 201139

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FOSA PERSONAL 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

A. APPLICANT'S PERSONAL AND EMPLOYMENT DETAILS

Surname.....Other Names.....Member No.....
 Date of Birth.....IDNo:.....PIN:.....Cell Phone No:.....
 Employer:.....Terms of Serve (Permanent, Temporary, Contract).....
 Date of Employment.....Designation:.....
 Employment (Payroll) No: Workstation
 County.....
 Present Address P.O. BoxCodeTown:
 Gross pay Kshs..... Net pay Kshs.....

B. LOAN APPLICATION & REPAYMENT

I.....hereby apply for a loan of Kshs
 (In words)..... for a period ofmonths

C. PURPOSE FOR WHICH LOAN IS APPLIED

1.
 2.

D. SECURITY WHICH I OFFER FOR THE LOAN IS:

1. Shares 2. FOSA Savings
 3. Salary 4. Guarantors Others.....

E. 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 our 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. 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

We the undersigned, herewith accept jointly and severally the liability for repayment in the borrower's default. We understand that the amount in default may be recovered as an offset against our deposits in the society or by attachment of property or salary, and that we shall not be eligible for loans from the society until the amount in default has been cleared in full.

	NAME	PAYROLL NO.	M/NO	ID NO.	SIGNATURE
1.					
2.					
3.					
4.					
5.					

FOR OFFICIAL USE:

G. GUARANTORS' ELIGIBILITY

CHECKED BYSIGNATURE::..... DATE:.....

H. APPRAISAL

Total Depositsx3 Kshs.....

Less outstanding loan Kshs

Loan applied for kshs

Net Salary Kshs

Amount Approved Kshsrate Kshs.....for.....months

Appraised by: NameSignature:.....Date:.....

CREDIT APPROVAL

(I) CREDIT MANAGER.

This application should be accepted for the amount of Kshs.....

(in words).....

Signature:Date.....

Remarks

(II) 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) DISBURSMENT

FOSA MANAGER.....Amount Kshs.....

signature.....