



Metropolitan National Sacco Ltd.

A Deposit Taking SACCO

Licensed and Regulated by the SACCO Societies Regulatory Authority (SASRA)

REGISTERED OFFICE:

Ground floor, Chai House, Koinange Street P.O. Box 5684-00100 Nairobi. Tel: (020) 8007509/2011391
Cell: 0736 086295/0715 680269 Email: info@metrosacco.co.ke, Website: www.metrosacco.co.ke

FOSA SCHOOL FEES LOAN

FOSA SCHOOL FEES 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© Copy of PIN Certificate

A. APPLICANT'S PERSONAL AND EMPLOYMENT DETAILS

Surname.....Other Name.....Member No.....
Date of Birth.....ID No:.....PIN:.....Cell Phone No:.....
Employer.....Terms of Service (Permanent, Temporary, Contract).....
Date of EmploymentDesignation:.....
Employment (Payroll) No:.....Workstation.....
County.....
Present Address P.O Box.....Code.....Town:.....
Gross Pay Kshs.....Net Pay Kshs.....

B. LOAN APPLICATION & REPAYMENT

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

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 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. 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, hereby accept jointly and severally for the repayment of the loan in the event of the borrower's default. We understand that the amount in default may be recovered by an offset against our shares in the society or by attachment of our property or salary, and that we shall not be eligible for loans unless the amount in default has been cleared in full.

NAME	ACCOUNT NO.	M/NO	ID NO.	SIGNATURE	OFFICIAL USE	
					SHARES	LOAN

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:.....

I. 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) DISBURSEMENT

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

Signature.....