



Metropolitan National Sacco Ltd.

Building Better Lives Together

REGISTERED OFFICE:

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Cell: 0736 086295/0715 680269 Email: info@metrosacco.com Website: www.metrosacco.co.ke

NORMAL LOAN EXTRA

LOAN APPLICATION AND ACCEPTANCE FORM

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

REQUIREMENTS

(a) Photocopy of ID both sides (b) Three 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 ----- 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. 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

FOR OFFICIAL USE:

G. GUARANTORS' ELIGIBILITY

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

H. APPRAISAL

Total Depositsx4 Kshs.....

Less outstanding loan Kshs.....

Loan applied for Kshs.....

Current Ability (Kshs)

Amount Approved 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).....

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

FOSA MANAGER Amount Kshs.....

Signature.....

(K) DATA OFFICER.

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