

WANANDEGE SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD WANANDEGE PLAZA P.O. BOX 19074-00501 EMBAKASI, NAIROBI Office cell: 0722 208 577 / 0780 208 558

SAFARICOM PHONE LOAN APPLICATION FORM

A. <u>TERMS AND CONDITIONS</u>

- 1. A loan applicant **MUST** be an active member of the Society & has contributed deposits consistently for 6 months.
- 2. The loan is guaranteed by either member's deposits or guarantors' deposits
- 3. Loan application forms with any alterations shall be **REJECTED.**
- 4. The application **MUST** be duly filled and supporting documents as Original National ID card or passport, copies of 2 latest pay slips attached
- 5. The borrower will **NOT** be allowed to suffer deductions including loan repayment in excess of 2/3 of his/her basic salary
- 6. A member whose outstanding loan is in default shall not be eligible for loan until the arrears is fully repaid.
- 7. The amount applied shall be the cost of the phone gadget in addition to the appraisal fee of 1% and Insurance fee of 2%
- The repayment period for the advance is as follows; Amounts 1-50,000 repayable in six months, between 50,001 & 140,000 repayable in maximum twelve months.
- 9. Interest rate shall be determined by the Board of Directors from time to time.

B. <u>APPLICANTS PERSONAL & EMPLOYMENT INFORMATION</u>

SURNAME:	OTHER NAMES:		
STAFF NUMBER:	MEMBER NUMBER:		
DATE OF BIRTH:	I.D NUMBER	K	KRA PIN:
P.O BOX ADDRESS:	POSTAL CODE:	Т	OWN:
MOBILE NUMBER:		EMAIL ADDRESS:	
EMPLOYER:		1	
DESIGNATION:		DATE OF EMPLOY	MENT:
TERMS OF EMPLOYMEN	I: PERMANENT	TEMPORARY	CONTRACT
STATION:		TOWN:	

I wish to apply for a loan of Kshs	in words	
Model of Phone:	Repavable in	 months
Repayment commencing from		

info@wanandegesacco.com

C. LOAN SECURITY

We, the undersigned have read and understood the conditions for granting the Advance and hereby accept jointly and severally liability for the Advance in the event the borrower defaults in repayment.

NAME	STAFF NO.	I/D NO.	SIGNATURE	DEPOSITS	MOBILE NO.

Applicant's Declaration

I have read, understood and agreed to abide by all the conditions governing this advance and any future amendments by the Sacco from time to time.

Name ID No Signature

D. CREDIT APPRAISAL APPLICANT'S ACCOUNT DETAILS

MONTHLY NET SALARY (KSHS)	
TOTAL FOSA LOANS (KSHS)	
TOTAL BOSA LOANS (KSHS)	
TOTAL DEPOSITS (KSHS)	
ADVANCE MONTHLY	
INSTALLMENT (KSHS)	

I certify that the foregoing details and information is true in all respects to the member's account statement.

Credit Analyst: Name......Date.....Date.....

E. CREDIT APPROVAL

I confirm that all terms and conditions have been met and the applicant qualifies for the advance.

Approved Amount Ksh.....in words.....

CEO/Credit/Branch Manager:

Name.....Date.....Date.

F. AUTHORISED FOR DISBURSEMENT BY

Name	Designation	Signature	Date
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