

MEMBER'S LOAN APPLICATION AND AGREEMENT FORM

OFFICE REF.NO.....

DATE.....

PART A: BIO DATA

Name of Applicant:		Employment No:	Age:
Employer & Address:		Station:	Designation:
Mobile Tel:	E-mail:		
Gross Monthly Salary:		Position held if a Director or Staff:	
Terms of Employment (tick appropriately) Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Probation <input type="checkbox"/> Temporary <input type="checkbox"/>			
If not permanent, indicate the period of Contract, Probation or Temporary appointment <input type="text"/> months.			
Mode of Payment: SASA Account <input type="checkbox"/> Bank Transfer <input type="checkbox"/> (Attach a bank transfer form)			

CERTIFICATION BY EMPLOYER

I certify that the above details of the applicant are correct to the best of my knowledge.

Name..... Designation..... Date.....

Signature..... (Please use official stamp)

PART B: CONDITIONS FOR LOAN

1. Loan application form must be fully completed.
2. Copies of two (2) latest payslips must be attached.
3. In the event of failure to service loans, the Society shall have a right of lien on the members shares ,deposits and any other payments due from the Society
4. Amount approved may vary from amount applied subject to qualification after appraisal.
5. No applicant shall be allowed to suffer deductions in excess of two thirds of their basic salary.
6. No member shall guarantee more than three-and-a-half (3½) times his/her deposits
7. Members applying for loans above 500,000/= (five hundred thousand) will be required to pay an extra RMF Premium of 1.5%before disbursement.
8. Members loans cleared by third parties including financial institutions will attract 10% commission on the loan balance
9. Terms and conditions for Shujaa and Mpoa loan are circulated on the website.
10. Any loan requires bridging/clearance **MUST** be indicated on the section provided (**LOANS TO BE CLEARED BY THE SACCO**)

PART C: LOAN DETAILS

I wish to apply for (please tick where appropriate)

- | | | | |
|--------------------------------------|------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Emergency | <input type="checkbox"/> Tiba | <input type="checkbox"/> FOSA Pride |
| <input type="checkbox"/> Refinancing | <input type="checkbox"/> Shujaa | <input type="checkbox"/> Jongea | <input type="checkbox"/> Fosa Salary Advance (No Guarantors) |
| <input type="checkbox"/> School Fees | <input type="checkbox"/> Almasi | <input type="checkbox"/> Stahiki | <input type="checkbox"/> Salary Advance on check-off (No Guarantors) |

<i>Amount (figures)</i>	<i>Loan Duration (Months)</i>	<i>Monthly Contributions after this loan</i>
<i>Amount (Words)</i>		

PART D: SECTORAL LENDING INFORMATION (MANDATORY)

Please indicate the specific purpose of the loan and the applicable sector. Click on this link for more information

<https://ushurusacco.com/images/Sectoral-lending.pdf>

Sector _____ Purpose of the loan _____

PART E: LOANS TO BE BRIDGED/CLEARED BY THE SACCO

Please tick the loan(s) you intend to bridge/clear.

- | | | | | |
|--------------------------------------|------------------------------------|----------------------------------|--|-------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Emergency | <input type="checkbox"/> Tiba | <input type="checkbox"/> FOSA Salary Advance | <input type="checkbox"/> MPoa |
| <input type="checkbox"/> Refinancing | <input type="checkbox"/> Shujaa | <input type="checkbox"/> Jongea | <input type="checkbox"/> Fosa Pride | |
| <input type="checkbox"/> School Fees | <input type="checkbox"/> Almasi | <input type="checkbox"/> Special | <input type="checkbox"/> Salary Advance on check-off | |

PART F: COLLATERAL/GUARANTORS DETAILS

We pledge our shares and deposits with the Society and any earnings with our current and future employer(s). We further understand that the defaulted amount(s) may be recovered by an offset against our deposits in the Society or by the attachment of our salaries or properties and that we shall not be eligible for loans unless the amount in default is equal to shares owned by the defaulter.

P/No	NAME	ID/No	Tel	Amount Guaranteed	Signature

PART G: DECLARATION

Loan Applicant

I..... of ID Number..... hereby declare that the particulars given in this application form are true to the best of my knowledge. In connection with this application and/or maintaining a credit facility with Ushuru Sacco Ltd, I authorize Ushuru Sacco Ltd to carry out the credit checks with or obtain my credit information from a Credit Reference Bureau. In the event of the account going into default, I consent to my name, transaction and default details being forwarded to CRB 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.....

Witness

Name.....ID/No.....Signature.....Date.....

PART H: FOR OFFICIAL USE ONLY

I confirm that the information given by the guarantors is correct to the best of my ability as far as it can be verified from the available records and or telephone conversation with the guarantors.

Name.....Designation.....Signature.....Date.....
 Comments (If any).....

Appraisal by Credit Manager

This member qualifies for KShs..... recoverable in months at KShs.Per month.

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

Comments (If any).....

C.E.O Approval

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

Comments (If any).....

PART I: INTERNAL AUDIT

I confirm/do not confirm that this loan has been awarded in accordance with the laid down regulations

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

Comments (If any)



APPLICATION FOR FUNDS TRANSFER

(To be filled in block letters)

Select transfer

Internal transfer EFT RTGS Date _____

SENDERS DETAILS	RECIPIENT(S) DETAILS
Account Name _____	Account Name _____
SASA A/C No. _____	_____
ID Number _____	Account No _____
Mobile No. _____	Bank _____
Amount in Figures _____	Branch _____
Amount in words _____	Mobile No. _____

I (we) have read and confirmed the information given is correct. Please effect the transaction.

Name of applicant: _____

Signature 1. _____

Signature 2. _____

Signature 3. _____

FOR OFFICIAL USE ONLY

Received By _____ Date _____ Time _____
(Name and Signature)

Account Balance _____

Transfer Processed By: _____ Date _____ Signature _____

Account balance. _____

Remarks: _____

TERMS AND CONDITIONS

I/We hereby agree that the transfer is sent at my/our risk and that as long as the Society acts in compliance with this authorization, the Society shall be unconditionally indemnified in full by me/us against any costs, claims, losses or liabilities of any nature (direct or indirect) resulting from any act or omission in connection with the subject of this authorization including but not limited to any act or omission/delay on the Society's part in responding to instructions received by the Society.