

DIVCASH APPLICATION FORM

Please Read rules at the Back First Before you fill this form.

DATE OF APPLICATION/..... /.....

SACCO MEMBER NO

TSC/PERSONAL/SERVICE.NO.....

A.PERSONAL INFORMATION (IN CAPITALS)

Applicant's Name (as per ID Card/Passport)

ID No..... Nationality.....

Date of Birth...../...../..... Age.....

Home Address Current Address (Work Station).....

Mobile No..... Email Address.....

Position in the Sacco (Board member, staff or member).....

B. DIVCASH APPLICATION & REPAYMENT (Read Rules at the back page)

I..... hereby apply for a divcash of Kshs.....(figures)
(in words) Kshs.....payable in;

12 Months.

24 Months

36 Months (Tick applicable period)

C. SECURITY OFFERED

1. Savings & Deposits

D. BORROWER'S DECLARATION

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief. I agree to abide by 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 **Unison Sacco** to credit the proceeds of this loan to my **FOSA Account**. I do accept personal liability for the repayment of the principal and interest amounts until full settlement is done.

E.CREDIT APPRAISAL

Member Current Deposits

Prior year Net interest.....

80 % of Prior year net interest.....

80 % of Current year net Interest.....

Amount qualified.....

Principal Repayment Amount..... First Year Interest.....

Deferred/Rejected (reason)

Appraised By.....Signature.....Date...../...../.....

F. BRANCH STAFF COMMITTEE

Amount Approved Kshs.....Loan Period.....

1. Branch Manager.....Signature.....Date...../...../.....

2. Operations Manager.....Signature.....Date...../...../.....

3. Credit Officer.....Signature.....Date...../...../.....

G.CREDIT/MICRO CREDIT MANAGER.

Amount Approved Kshs.....Loan Period.....Months

Name.....Signature.....Date...../...../.....

H. CHIEF EXECUTIVE OFFICER.

Approval of Amount above Kshs 500,000.Approved Kshsfor.....Months

Name.....Signature.....Date...../...../.....

I.CREDIT COMMITTEE:-

Amount Approved KshsLoan Period

Chairman.....Signature.....Date...../...../.....

Secretary.....Signature.....Date...../...../.....

Member.....Signature.....Date...../...../.....

REMARKS:.....

TERMS AND CONDITIONS

I understand the rules applicable to this application as listed below and the loans will be granted in accordance with these rules, which are:

1. A member must have deposits and have earned interest on non withdrawable deposits for the past 1 year.
2. Applicants' loan and deposits must be up-to-date to be eligible.
3. A one off commission as approved by the Board shall be charged on loans to be topped up.
4. In case of default the entire balance shall become due and payable with security offered in (C) above.
5. No member shall withdraw his deposits unless all loans are paid and all loans guaranteed by him are cleared or replacement of guarantors sought for the same.
6. It's hereby agreed that the facility is granted and payable at the discretion of Unison Sacco Society Ltd.

Applicant's Signature **Date...../...../.....**