

MICRO CREDIT SELF GUARANTEE LOAN APPLICATION FORM

LOAN TYPE..... **BRANCH**..... **MEMBER No.**.....

Loan Amount Requested (in figures).....(In words).....

Purpose of Loan.....

Date of Loan Application Monthly Repayment amount Repayment period (months)

PERSONAL DETAILS

Full Names:.....

I.D Number / Passport No..... Gender Date of Birth (DD/MM/YY)

Marital Status..... Nationality KRA PIN

Postal Address..... Postal Code..... Town.....

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

Type of Collateral: ☐ Deposits and savings

COMPANY / BUSINESS DETAILS

Registered Business Name:..... Nature of the Business

Number of Years in Operation: Business Location Business License Number.....

Business Returns Summary:

ITEM	KSH
SALES	
COST OF SALES	
GROSS PROFIT (sales – cost of sales)	
BUSINESS EXPENSES	
NET BUSINESS INCOME (gross profit-business expenses)	
OTHER INCOME (salaries, spouse income, other business)	
HOUSEHOLD INCOME (net business income + other income)	
HOUSEHOLD EXPENSES	
NET INCOME (household income – household expenses)	

I declare that all information provided as part of this application conforms to reality and assume full responsibility for it accuracy. By my signature, I hereby authorize collection of references, from any source whatsoever, concerning my person conduct and commercial credit. I further authorize the issuance of reports regarding my credit history to the Sacco and hereby absolve the reporting party of all responsibility.

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This form is received without any alterations or cancellations

I have read, understood and agreed to abide by the Loan Agreement which has been fully explained to myself, in consideration of the loan or loans advanced to myself by the Unison Sacco.

In consideration of guaranteeing the above or any lesser amount that may be approved, I, the undersigned, hereby severally accept liability for there payment of my loan in the event of default. I understand and authorize that the amount in default be recovered by an offset against my deposits in the Society.

Applicant's Name Signature..... Date...../...../.....

FOR OFFICIAL USE ONLY

CREDIT APPRAISAL

Loan product Amount Applied Member's available Deposits

Amount Approved: Monthly repaymentApproved Repayment Period

Remarks

FOR STAFF CREDIT COMMITTEE USE ONLY

Appraised By: Name.....Signature Date

Amount Approved RepaymentPeriod.....

1. Branch Credit Committee Chair SignatureDate / /

2. Branch Credit Committee Secretary Signature Date / /

3. Branch Credit Committee Member Signature Date / /

4. Branch ManagerSignatureDate / /

MICRO CREDIT MANAGER APPROVAL

Amount Approved Repayment Period

Remarks

Name..... Signature Date / /

C.E.O

(Approval of amounts above Sh. 500,000)

Amount Approved Repayment Period

Remarks

Name..... Signature Date / /

CREDIT COMMITTEE:-

Amount Approved Repayment Period.....

1. Chair Signature Date / /

2. Secretary Signature Date / /

3. Member Signature Date / /

Remarks.....

Introduced by: Member No..... Signature.....Date..... / /