



LOAN APPLICATION FORM

Membership No.

PERSONAL CHECKLIST

I have attached copies of the following documents:

- ID/Passport
- Guarantors ID/Passport

A. Please complete this form in block capitals and return to one of the Loan Officers. Incomplete forms will be returned unconsidered.

1. MY PERSONAL DETAILS

Title (tick appropriate box): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Prof <input type="checkbox"/> Other	
Surname	Middle Name:
First Name:	Nationality:
Nationality:	Date of Birth:
Telephone contacts:	Mobile No:
Personal Email Address:	Current Address:
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	

2. AMOUNT APPLIED (In words):
 **(In figures): Kshs.**.....

3. LOAN TYPE

<input type="checkbox"/> Short Term Loan
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Repayment Period: Repayment Amount:

(No cash repayment is acceptable in the Sacco Offices).

4. EMPLOYMENT DETAILS

.....Name of current EmployerNo. of years with Employer:
Current salary PM.....	Monthly expenditure.....
<div style="border: 1px solid black; width: 20px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 40px; margin: 0 auto;"></div>
Terms:	Contract
<div style="border: 1px solid black; width: 20px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 40px; margin: 0 auto;"></div>
Temporary	Self Employed (Others)
Work physical address:	Telephone (office).....
Position.....	Department.....
Employer Email.....	

5. BUSINESS DETAILS (IF ANY)

Name of business.....	Type of business:
Registration No.:	PIN NO:
Number of years in operation.....	Telephone No.....
Physical address.....	

6. ABOUT MY RESIDENCE

Current Residential address (please give full details -	
Area:	Nearest Market:
Plot No:	Current Police Station:
Street Name:	Years:
Length of stay at present address.....	
Previous residence address (if less than 3 years at current residence)	
Permanent address if different from present address (foreign nationals, please provide address in home country)	

7. GUARANTORS

Guarantor 1		Guarantor 2	
Full Name			
Relationship			
No. of years acquainted			
Nationality			
Tel: (Home/Mobile)			
Tel: (Work)			
physical address (Work/Residence)			
E-mail Address			

REPAYMENT GUARANTEE

We, the undersigned acting as guarantors for the loan requested on page 2 of the Application form, understand and agree that all loan interests and deposits with Daraja Dhaba Sacco Society owned by us are hereby pledged as security for the said loan or such part of it as may be granted.

In case of default in repayment by the loanee the Treasurer is hereby authorized to deduct any balance interest and cost appertaining to the aforementioned loan from the securities hereby pledged. Our particulars are as follows:

COMPLETE THIS PART IN BLOCK CAPITALS: GUARANTORS' NAME SHOULD BE WRITTEN IN FULL

MEMBER NUMBER	FULL NAMES	NO. OF LOANS GUARANTEED	DEPOSITS PLEDGED AS LOAN GUARANTEED	EXISTING LOAN BALANCE	GUARANTORS SIGNATURE	WITNESS SIGNATURE
	TOTAL					

GUARANTORS CONTACTS:

1) Name.....	Phone No. :
ID Number:	Email:
2) Name.....	Phone No. :
ID Number:	Email:
3) Name.....	Phone No. :
ID Number:	Email:
4) Name.....	Phone No. :
ID Number:	Email:
N/B: Attach Guarantors copy of IDs	
GUARANTORS CONTACTS:	
1) Name.....	Phone No. :
Email:	Member No.....
2) Name.....	Phone No. :
Email:	Member No.....
3) Name.....	Phone No. :
Email:	Member No.....
4) Name.....	Phone No. :
Email:	Member No.....

COMMUNICATION TO DEFAULTERS

In case of default the communication to the guarantor and the Applicant will be as follows

1. First month notification will be by Email to the loan Applicant.
2. Second month notification will be to both the Applicant and the guarantors through an Email, Registered mail
3. Third month default will be communicated through registered mail to member and guarantors

NOTE TO APPLICANT

A Member and Account Holder shall be considered for a loan only when he or she fulfils the following conditions of the society:

- Must be above 18 years of age and be of sound mind.
- Must be a person of high integrity, honest and trustworthy.
- A member must have accumulated at least six months continuous deposits on the minimum monthly contribution.
- Must have no delinquent loan.
- A member who withdraws from the society and re-joins later will be treated as a new member
- Committed to save while meeting the loan obligation.
- Shall have 2 guarantors
- The maximum borrowing by a member shall not exceed (To be determined by the committee) of the Society's total paid up shares/deposits
- Existing members must have a clean past loan repayment record.
- All Board of Directors members' loans should always appear in Board of Directors meetings for approval with the absence of the member who has applied.
- The loan application form must be accompanied by a copy of Identification Card (ID) of the borrower.
- The Society reserves the right to grant or deny a loan despite the formula based on eligibility

MEMBER DECLARATION

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and I agree to abide by the By laws of the society, the loan policy and any variations by the board in respect to above sections. **I further confirm that, I understand that in case of default, the default information will be furnished to a CREDIT REFERENCE BUREAU, ICPAK, KASNEB, Other bodies without prior written consent**

Applicants:

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

Witnessed by:

Name:..... Signature ID No. Membership No.....

FOR OFFICIAL USE:

Risk Exposure Computation

Guarantors deposits Pledged	Kshs
Add Applicants Deposit	Kshs
Less Guarantors Loan	Kshs
Less Loan Applied	Kshs
(Results must be more than Zero).	TOTAL.....

CREDIT COMMITTEE CONSIDERATION

During the credit committee meeting of Daraja Dhabiti SACCO sitting on _____

We approved the above loan of Kshs. _____ recoverable in _____

OR

We deferred/rejected the above application for the following reason(s): _____

Special condition if any _____

Credit Committee Minute No. _____ Date: _____

Chairman's Signature _____

Member's Signature _____

Member's Signature _____

CREDIT COMMITTEE

FOR: DARAJA DHABITI SACCO

Cheque No.: _____ Amount: _____ Dated: _____

Cheque prepared by: _____ Signature: _____ Dated: _____

Payment verified by: _____ Signature: _____ Dated: _____

Cheque Dispatched/Collected by: _____ ID No.: _____

Signature: _____

Date: _____

(I) COMMENTS BY THE EMPLOYER:

This applicant is employed by _____ of (town) _____, and subject to the rules and loan policy of the society, I support the application and will inform the society should the employee be transferred or discharged from the organization.

Employment terms: Permanent Renewable Contract
Fixed Contract Others _____

If on contract indicate expiry date _____

Employer's signature & rubberstamp

Date _____

AUTHORITY TO DEDUCT LOAN BALANCE FROM TERMINAL DUES

In the event of my leaving employment with _____, (herein after referred to as the organization) I, _____ authorize the organization, to first apply my terminal payments to offset, as far as possible, any outstanding, loans due and owing to Daraja Dhabiti Cooperative Savings and Credit Society Ltd, before paying the balance, if any, to me. I hereby agree to indemnify and hold harmless the organization, its trustees, officers, employees, agents, administrators, successors and assigns, against any and all claims, causes of action and judgments, damages, losses, costs, expenses and demands whatsoever, arising out of or in connection with my participation in the Daraja Dhabiti Savings and Credit Cooperative Society, including any deductions from my salary authorized by me as borrower or guarantor.

Dated

Member's Name

Member's Signature

CONFIRMATION BY THE EMPLOYER

The applicant is employed byof (Address)
.....

and subject to the authority given above by the said employee, I will deduct from his/her benefits all loan balances due as advised by Daraja Dhabiti Co-operative Savings and Credit Society Ltd,from the employee's terminal benefits.

Signed on behalf of employer,

Name.....
.....

Signature& Rubber
stamp.....
