



FORM A

BLN. _____

NACICO CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED P.O. BOX 34525, NRB
 TEL NO: 0709 390 000, 0736 730 936 / 0717 056 287

MEMBERS LOAN APPLICATION FORM, LOAN REPAYMENT AGREEMENT AND GUARANTEE

Name P.No..... I.D No

A. Hereby apply for a loan of Ksh..... In Words.....
 Repayable in.....
 monthly installments, at an interest rate of 1.125% per month on normal/Development Loan 1.167% per month on Sacco co-op loan and 1.45% per month on college loan, school fees, emergency and jisort loans on an armotized basis.

B. The purpose(s) for which I require the loan is (are) _____

- Attach the following
- 2 Recent Payslips (Where applicable)
 - Copy of I.D
 - Copy of PIN Certificate
 - 6 Month Bank Statement (where applicable)

C. The securities which I offer for this loan other than my deposits are

- | | |
|---------------|-----------------|
| 1. Salary | 3. Deposits |
| 2. Guarantors | 4. Others _____ |

D. Personal Information:-

1. Employer.....
2. Work Dept / Station..... Cell Phone.....
3. Job Title.....
4. Terms of service.....(Contract / Parmanent) Years of Service.....
5. Date of Birth.....

FOR OFFICIAL USE ONLY

7. Present salary: (a) Gross Pay Kshs..... Net Pay.....
- (b) Loan Repayment Kshs.....
- (c) CRB Score
- (d) Effected on Payroll/ Yes..... No.....
- (e) Standing Order Effected Yes..... Bank.....

E. I understand that the rules applicable to this application are listed below and that the loan will only be granted in accordance with these rules.

1. The loan balance owed to the society at anytime will not exceed 3 times the non withdrawable deposits held except for Sacco Co-op loan
2. A member must have completed at least six (6) calender months and have a minimum Non withdrawable deposits of Ksh 9000/=
3. In case of normal loan no one will be eligible for refinancing until the 1/2 of the previous loan is serviced and the amount requested does not exceed the Non withdrawable deposits held.

4. No member shall be allowed a loan of which deductions will leave him with a salary that is less than 1/3 of the gross pay or 1/3 of the basic pay where applicable

5. The maximum repayment period will be as follows:

- (a) School Fees..... 12 Months
- (b) Emergency..... 12 Months
- (c) Christmas..... 12 Months
- (d) Jisort..... 24Months
- (e) College Fees..... 30Months
- (f) Development loan..... 60 Months
- (g) Sacco Coop loan..... 72 Months

6. The loan must be guaranteed by at least two members and the Non withdrawable deposits of the guarantors plus that of the loanee must be equal or more than the loan applied for.

7. No members may withdraw his/her Non withdrawable deposits unless all loan(S) is / are repaid and all loan(S) guaranteed by him/her is/are cleared.

8. Kindly note,by signing this form you allow NACICO Sacco to share your credit information both positive and negative and also to check your credit report for credit appraisal purposes.
Any loan unpaid for 90 days will be listed as provided under section 18 of the credit Reference Bureau Regulators 2013.

F. Authority for deductions from salary

I hereby authorize the Human Resource personnel to deduct from my salary the amount of loan granted plus applicable Interest. Should I leave my employer/Company service before completion of repayment of my loan(s), I hereby authorize the society to recover the loan balance(s) from any terminal benefits due to me the Non withdrawable deposits in the society owned by me and or/ consider recovering from any other form of security offered

Sign.....ID No.....Date.....

G. Repayment Guarantee

We the undersigned, the loanee and the guarantors of the loan hereby authorize the society to deduct any defaulted portion of the loan plus due interest from any Non withdrawable deposits owned by us, or to cause deductions to be made from our salaries and or any other sources in respect of such default. Witness has no liability for this loan.

Loanee Name.....	Witness Name.....
I.D No.....	I.D. No.....
Member No.....	Member No.....
Sign.....	Sign.....

GUARANTORS

Signature.....	Signature.....
Full Name.....	Full Name.....
Member No.....	Member No.....
I.D No.....	I.D No.....
Cell phone.....	Cell phone.....
Non Withdrawable deposits.....	Non withdrawable deposits.....

Signature.....	Signature.....
Full Name.....	Full Name.....
Member No.....	Member No.....
I.D No.....	I.D. No.....
Cell phone.....	Cell phone.....
Non Withdrawable deposits.....	Non Withdrawable deposits.....

Signature.....	Signature.....
Full Name.....	Full Name.....
MemberNo.....	Member No.....
I.D. No.....	I.D. No.....
Cell phone.....	Cell phone.....
Non Withdrawable deposits.....	Non withdrawable deposits.....

Signature.....	Signature.....
Full Name.....	Full Name.....
Member No.....	Member No.....
I.D. No.....	I.D. No.....
Cell phone.....	Cell phone.....
Non Withdrawable deposits.....	Non Withdrawable deposits.....

H. Comments by human Resources Personel:-

The applicant is employed in.....Department of Ministry /Council/Company/others(indicate).....and subject to the rules and loans policy of the society I support this application and will inform the society if circumstances change, if the loanee be dismissed or resign.

Comments.....

Full Name.....Signed.....

Designation.....Date.....

Official Stamp.....

I. Appraising Officer:-

Amount recommended (KSHS).....Repayable in.....Installments

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

Comments.....

J. LOAN MANAGER'S COMMENTS

This application should be accepted/rejected for the amount of Kshs.....repayable in.....installments.If rejected for the amount and terms required differ from those recommended, give reasons.....

Manager's Signature.....Date.....

K. CREDIT COMMITTEE

At the credit committee meeting held on...../...../20.....

it was agreed that this application be, Approved/Deffered/Rejected.....

{a} Approved for Kshs.....Recoverable in.....Installments

{b} Deffered/Rejected because.....

Chairman.....Secretary.....

Member.....Date.....

L. AUDIT DEPARTMENT.

I have examined and satsised myself that the loan has been granted In accordance with Sacco by laws, Rules and Loan policy.

Loans Amount (KSHS).....

Name.....Sign.....

Official Stamp.....

M. Recovery Section:-

Amount approved.....

Monthly Instalment.....

Repayable period.....

Conrmed by.....

Signature.....Date.....

Official Stamp.....