

## IMARISHA SACCO SOCIETY LTD.

MOI HIGHWAY, KERICHO/NAKURU ROAD, NEXT TO OILIBYA PETROL STATION. P.O. Box 682 - 20200, Tel: 254 - 052 - 21028/30229, KERICHO.

Cell: 254709 578 000 Email: imarisha@imarishasacco.co.ke Website:www.imarishasacco.co.ke

Serial No. BL Computer Loan No.

BOSA LOAN: (Put a tick against the loan you are applying)

SCHOOL/COLLEGE FEES LOAN NORMAL/REFINANCE LOAN (MAX 20 Months) (MAX 48 Months)

**EMERGENCY LOAN** (MAX 20 Months)

PREMIUM LOAN (MAX 60 Months)

**MEMBERS LOAN APPLICATION FORM** 

## APPLICANTS MUST MEET THE FOLLOWING REQUIREMENTS BEFORE COMPLETING THIS FORM

- 1. The applicant must dully fill the loan application form. Any incomplete/altered form shall be returned unregistered.
- 2. Members must have at least been contributing for 1 month and have a minimum of Kshs. 1000 (one thousand) through check off system.
- 3. No member will be allowed to suffer total deductions including loan payments in excess of  ${}^{2}\!l$ , of the basic salary.
- 4. Guarantors must be members of the society.
- 5. Members who are TSC employees must submit their payslips through TSC portal whereas non TSC members are required to attach two current original payslips. National Identity Card on one side of A4 size paper is also required.
- 6. Total loan granted shall not exceed three times a member's share contribution and will be repayable for a period of exceeding 60 months and for pensioners, ability is computed basing on monthly pension.
- 7. The guarantors must be ready to assist the society to make sure that the borrower repays all the money granted within specified period.
- 8. Emergency and school fees will only be granted with a maximum repayment period of 20 months and will be supported by a documentary evidence.
- 9. Total guarantors share together with applicants share contributions added together must be equal or exceed the loan applied for.
- 10. Additional loan i.e. Emergencies, School fees etc., shall be processed on condition that all other loans are being served.
- 11. Interest is charged 12%p.a on reducing balance and may be adjusted by the Board of Directors.
- 12. All loans are disbursed through FOSA
- 13. 5% of the Net Loan shall be retained as FOSA Deposit.
- 14. Members who are Non-TSC/Ministry of education employees should be guaranteed by at least 4 members from TSC/Min. Education.
- 15. Members contribution shares through standing order should attach Bank statement of at least six (6) months and those employed on contract should attach appointment letter.
- 16. Premium loan (all loans whose repayment period exceeds 48 months) attracts an additional 1.5 % interest recovered up front on approved amount.
- 17. **Part C** to be filled after pre-appraisal by the loan officer/ branch manager.
- 18. On signing this loan application form, you are bound/have consented the agreement between Imarisha Sacco Society Ltd and Metropol Credit References Bureau Ltd(CRB) or any other Credit Information Provider which the Society may engage in future.

B) F	PERSONAL INFORMATIO	N: (Use Black or Blue Pen)							
1.	Name								
	(Name should correspond to that appearing in the ID/Card, Passport)								
	Nationality ID/Passport No								
	M/No	P/TSC No	Date of Birth						
2.	Present School/ Work Station								
	Address								
3.	Employer/ Company/ Institution								
	Address								
4.	a) Terms of Service: Specify; Contract, Temporary, Permanent, Pensionable or Other (Tick the appropriate).								
	b) If under Contract state the expiry date and whether the contract is renewable (Yes/No).								
	c) Date of employment								
5	Amount of loan applied for Kshs								
6.	Repayable in a period of months.								
7.	Purpose for which the loan is applied for (For several uses, make a summary below)								
	J)		• ,						
	ii)		Kshs						
8.	Securities offered (any	one or all of the following)							
1.1	Member's Deposits	2. Guarantors' Deposit	3. Salary						
4.	Terminal benefits	5. Money in FOSA savings or FDR account	6. Charged Collateral as may be authorized by BOD						
9.	<b>FOSA Account Details:</b>								
	Account Name								

C)	LOAN ACCEPTAN	NCE.								
	I, hereby accept a loan of Kshs									
	(Amount in word	(Amount in words)which has been approved.								
	The loan will be	deducted for	months.							
	FOSA A/C No.:			Loanee's sign	ature:	Date:				
D)	DECLARATION									
•	hereby declare that foregoing particulars are true to the best of my knowledge and belief and agree to abide by the By-Laws of the Society, the									
	Loaning Policy and any variations by the Credit Committee as deem necessary.									
	further declare that I have understood the instructions on the page one of the form and hereby authorize the necessary deductions to be made from my salary by checkoff or from my Fosa account savings if by lapse of two months the check off has not been effected as a repayment for									
		his loan and interest. I declare that								
		am not indebted any other Credit Society Bank on Loan Agency ( except as listed here either as borrower or endorser).								
	Signature of Applicant:									
E)	WITNESS:	orappiloant		Dat	o					
_,	I hereby certify that the applicant is known to me and in case of default I will be able to assist guarantors and society of his or her whereabouts.									
	Name:									
	Work Station/ School									
	M/No TSC/P/No									
	Witness Signature					DATE				
F)	REPAYMENT GUARA									
• ,				ount that may be	approved we	e the undersigned herewith a	ccept jointly and			
	<del>-</del>	<del>-</del>		•		amount in default shall be re	· · ·			
	•					ety or by attachment of our pro				
4				•		SHARES				
1.							*			
^						Email				
2.						SHARES				
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3.						SHARES				
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4.						SHARES				
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6.						SHARES				
						Email				
7.						SHARES				
						Email				
8.						SHARES				
	TSC/P/NO	M/NO	SIGNATURE	MOBI	LE NO	Email				
F)	FOR OFFICIAL USE	ONLY (Approved	as per the BOSA loan	policy):						
-										
DM		·	he guarantors into the E	RP system.	_					
	Sign	ature:			Date:					
	C.R.B VERIFICATIO	N		CREI	CREDIT APPRAISALS (LOAN OFFICE)					
		_				<del></del>				
	Varification Otaura		-	1	raigal Otama					
	Verification Stamp			Арр	oraisal Stamp					
	VERIFICATION BY L	OAN OFFICER		CHIEF	CHIEF ACCOUNTANT/BRANCH MANAGER VERIFICATION					
	VEINI IOATION DI L	LOAN OFFICER		<u>OTHE</u>	OHIEL ACCOUNTAINTIBILATION MANAGER VERIFICATION					
	Verification Stamp		Fin	Final Approval Stamp						
					•					
	CREDIT BOD DATA OFFICE									
	Final Approval Stamp Min. No									
		C	)ate:	Ef	fective Date S	stamp				
	Secretary:		)ate:	<u> </u>						
	Member:		)ate:							