



SETYON SACCO
P.O BOX 1314-20200 KERICHO
info@setyonsacco.co.ke
Tel: 0723656494

MEMBER NO.

.....

KARIBU LOAN APPLICATION AND AGREEMENT FORM

A. PERSONAL INFORMATION

Name.....

PR/Number.....ID NO..... Gender. F ☐ M ☐

Work station.....Employer.....Position.....

Terms of Service: Permanent ☐ Contract ☐ Temporary ☐

KRA Pin No.....Mobile.....

B. LOAN APPLICATION AND REPAYMENT

I Wish to Apply For kshs.....

Amount in words.....

.....

For a period of..... month's repayable in monthly instalments of ksh..... each

Commencing on.....

C.PURPOSE FOR WHICH LOAN IS APPLIED

Please specify purpose for the loan and in case of several uses, state the amount for each use;

1).....2)3)

D.SECURITY WHICH I OFFER FOR LOAN (attach copies of collaterals where applicable)

1).....2)3)

E. REPAYMENT GUARANTEE

We, the undersigned hereby accept liability for reliability for the repayment of the loan in the event of borrower's default, which may be recovered by an offset against our deposits in the Society or by attachment of our property or salary and that we shall not be eligible for loans unless the amount in default has been cleared in full.

F. GUARANTORS

No	PFNO	Name	Id number	Tel/Mobile No	Signature
1.					
2.					
3.					
4.					
5.					

Witness: Name.....PF/No.....Sign.....Date.....

G. DEPOSIT BOOSTING

I am requesting you to advance my account with KShs.(In words)
.....To be recovered in full upon disbursement of my loan plus 10% interest upfront plus all other charges Purpose for which this advance is applied: - Deposit Boost Amount Kshs
.....

Signature:ID No.:

Appraised amount in Ksh.....Sign Date.....

H. COMMENTS BY THE EMPLOYER

The applicant is employed by.....in.....
County/Station/Dept/Min.....

Subject to the rules and loan policy of society, I support the application and will inform the society should the employee be transferred or discharged from the Ministry, Department or County

Name.....Employer's Signature

Official Stamp.....

I. CUSTOMER DECLARATION

I hereby certify that, to the best of my knowledge and belief, all information provided for this application and in the accompanying documents is true, complete, and correct. The undersigned give irrevocable authority to FOSA to recover the advanced amount in full plus other incidental charges. I confirmed that I have authorized Setyon SACCO Society to access my credit profile and that this profile can be delivered to their e-mail/postal address indicated herein and hereby authorize CRB to mail/deliver or send my credit report to the e-mail/postal address indicated herein. I release Setyon SACCO Society and its officers, employees and agents from all claims, actions or proceedings of whatsoever nature and arising, suffered or incurred in connection with CRB sending /mailing my credit report to the address that I have provided. I also acknowledge my awareness that I will be listed in Credit Reference Bureau (CRB) upon defaulting.

Name.....Sign..... Date.....

FOR OFFICIAL USE ONLY

J. CREDIT DEPARTMENT

Amount approved Ksh.....repayable in..... months. The loan application is

Suspended ☐ Rejected ☐ Amount applied reduced ☐ for the following ☐

Loan appraised by..... Signature & Date.....

Verified by.....Signature & Date.....

Approved by.....Signature & Date.....

K. CREDIT COMMITTEE

I/We have examined the above application in conjunction with the above remarks and have decided as follows:

Credit committee Minute No.....

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

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

MemberSignature.....Date.....