

**OUR LADY OF LOURDES MWEA HOSPITAL STAFF WELFARE
LOAN APPLICATION AND AGREEMENT FORM**

PART

PERSONAL DETAILS

| | | |
|--------------------------|--|----------------|
| Applicants name | | |
| I.DNO (Attach copy) | | |
| Date of Employment | | Employment No. |
| Cell phone No | | Position |
| Alternate cell phone No. | | Email address |

PART B

LOAN APPLICATION

Amount of loan applied for Kshs. (maximum 3 times savings) Repayable in
 Monthly installment (Not in excess of 2 months)

Purpose of the Loan: (1) Kshs.
 (2) Kshs.

LIST OF EXISTING LOAN (IF ANY)

| Loan Date | Original Amount | Outstanding Balance |
|-----------|-----------------|---------------------|
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| | | |

MODE OF PAYMENT:

Cheque payable to: Name of account holder.....
 Account No.....

PART C

SECURITY OFFERED FOR THE LOAN

1. All savings paid and future contributions held with OLL Mwea Hospital Staff Welfare.
2. Salary and any termination dues.
3. Guarantors.

GUARANTORSHIP

PART D

CAUTION: Guarantors are advised to read the information contained in this form by applicants, note the terms and conditions herein, by signing this form you give an irrevocable authority to repay the applicants loan in case of default.

We the undersigned jointly accept to guarantee (Applicants name)

A loan of Kshs. repayable in (Months) effective from

In case of default in payment as agreed, the entire loan balance shall immediately become due and payable at the option on the welfare constitution. We pledge all deposits, present and future as security and authorize the constitution to be applied to the amount in default.

| Name of Guarantor | Amount Guaranteed | Date of employment | Cell phone number | Id No | sign |
|-------------------|-------------------|--------------------|-------------------|-------|------|
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DECLARATION

PART E

I the above said loan applicant do declare that the information given herein is true to the best of my knowledge and I shall abide by all terms and conditions of this loan agreement form.

Applicants full Name signature date

FOR WELFARE OFFICIALS ONLY

PART F

Amount of loan qualified for (Maximum 3 times shares held) A

Less: loan Bridged (part B) B

Net amount of loan payable (A-B)

Loan Approved by:

(Chairman) Name sign dates

(Secretary) Name sign dates

(Treasurer) Name sign dates