



SKYLINE SACCO SOCIETY LTD

P.O. Box 660-20103, Eldama Ravine. Tel: 0717 594 338/084

Email: info@skylinesacco.com | Website: www.skylinesacco.com

5427

SSS/LON/FAS

LOAN APPLICATION FORM AND AGREEMENT (Farmers and Business Applicants)

A. APPLICANT PARTICULARS

Account Number _____ Date: _____ Branch _____

ID No./Passport No. _____

Mr./Mrs./Miss/Rev./Prof./Dr./Hon (Full Name): _____

Postal Address: _____ Postal Code: _____ Town: _____

Physical Address / Current Place of Residence _____

Telephone No. _____ Alternate Telephone No. _____

MARKETING SOCIETY (For Farmers Applicants Only)

Name of Cooperative Society / Company _____

Station/ Shade: _____ Growers / Milk No. _____

Comments: _____

Co-operative Society Manager Name /Shade Rep. _____

Signature _____ Date _____

MARKETING SOCIETY STAMP

B. LOAN TYPE (Please select / Tick your type of loan)

☐ Development Loan ☐ Emergency Loan ☐ School Fees Loan ☐ Sky Kilimo Chai Loan ☐ Boost Loan

C. LOAN PURPOSE (Please Select the purpose of the form from the list below)

AGRICULTURE: ☐ Crop Farming ☐ Animal Production ☐ Agricultural Support Services ☐ Agribusiness ☐ Forestry and Logging

TRADE: ☐ Wholesale & Retail ☐ Transport ☐ Hospitality ☐ Foreign Trade

MANUFACTURING AND SERVICING INDUSTRIES: ☐ Cottage Industry ☐ Servicing Industry ☐ Information, Communication and Technology

EDUCATION: ☐ Education and Related Services

HUMAN HEALTH: ☐ Human Health and Related Services **LAND AND HOUSING:** ☐ Land ☐ Housing

FINANCE, INVESTMENTS AND INSURANCE: ☐ Microfinance ☐ Commercial Banks ☐ Mortgage Finance ☐ Insurance ☐ Investments

CONSUMPTION AND SOCIAL SERVICES: ☐ Utilities ☐ Consumer Durables ☐ Social and Communal Expenses

OTHER (Specify): _____

D. DESCRIPTION OF LOAN PURPOSE SELECTED ABOVE (Please describe in detail the specific purpose of the loan selected above)

(a) _____ (b) _____

E. APPLICANT DECLARATION

I _____ do hereby apply for a loan of Ksh. _____

In words: _____ for a period of _____ Months

to be paid in installment of Kshs _____ Each month commencing immediately after loan disbursement. My guarantors are attached therein.

Applicant Signature: _____ Date: _____

F. SECURITY / COLLATERAL

1. _____ 2. _____

3. _____ Others (specify) _____