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SERIAL NO.

KENYA HIGHLANDS SACCO LTD

LICENSED AND REGULATED BY SACCO SOCIETIES REGULATORY AUTHORITY - SASRA

P.O. Box 2085, KERICHO.

Cell phone: 0719 471 633 Email: ktgsacco@yahoo.com

JIPANGE LOAN APPLICATION & AGREEMENT FORM

A. PERSONAL INFORMATION

NAME _____ ID NO. _____ AGE _____

A/C NO. _____ ADDRESS _____ CELL PHONE _____

EMPLOYER'S NAME (where applicable) _____

TERMS OF EMPLOYMENT PERMANENT CASUAL SELF EMPLOYED

DURATION OF SERVICE (where applicable) _____

TYPE OF EMPLOYMENT _____

B. APPLICATION AND PAYMENT AGREEMENT

I _____ hereby apply for a Jipange loan of
Ksh. _____ (in words _____)

For a period of _____ months.

C. DECLARATION

I hereby declare that the above particulars are true to the best of my knowledge and I agree to abide by the laws of the society. I hereby authorized loan deduction including 1.5% interest per month from my salary as repayment for this loan advanced and 1% appraisal & 1% risk management fee. A further Ksh. 100 will be charged as loan form fee.

Signature _____ Date _____

Incase of employed person - witness by the Employer.

I hereby certify that the above named person is employed by us on Permanent/ Casual basis. I understand He/She intends to borrow a loan from the Sacco; hence I promise to remit all his/her salary through Sacco until loan is paid in full and the Member is cleared in writing by the Sacco.

Employer's Name _____ Date _____

Designation _____ Sign _____ Stamp _____

Incase of self employed person - witness by Area Chief

I hereby certify that the above named person is a resident of my location and is self employed. He is known to me and do recommend him for any financial assistance.

Name _____ Signature _____ Date _____

D. REPAYMENT GUARANTORS

We the undersigned hereby accept jointly and severally liability for the payment of loan in the event of the borrower's default. We understand that the amount in the default may be recovered by offsetting against our deposits/shares in the Sacco or by attachment of our property or salary channeled through the Sacco Bank.

Guarantors

- 1. NAME _____ ID NO. _____ A/C NO. _____ SIGN _____
- 2. NAME _____ ID NO. _____ A/C NO. _____ SIGN _____
- 3. NAME _____ ID NO. _____ A/C NO. _____ SIGN _____
- 4. NAME _____ ID NO. _____ A/C NO. _____ SIGN _____
- 5. NAME _____ ID NO. _____ A/C NO. _____ SIGN _____
- 6. NAME _____ ID NO. _____ A/C NO. _____ SIGN _____

OFFICIAL USE ONLY

- 1. AMOUNT APPLIED _____ (WORDS _____)
- 2. GROSS PAY/MONTHLY INCOME _____ X _____
- 3. TWENTY FOUR MONTHS SALARY/INCOME _____ AVERAGE _____ X ²/₃ _____
- 4. OUTSTANDING LOAN _____
- 5. ELIGIBILITY _____
- 6. AMOUNT APPROVED Ksh. _____ INSTALMENT PER MONTH Ksh. _____

I certify that the application IS/NOT within the rules of the Sacco Society.

If YES/NO say why

Appraised by _____ Sign _____ Date _____

Loan officer _____ Sign _____ Date _____

Posted by _____ Sign _____ Date _____

FINANCE MANAGER _____ DATE _____

CEO _____ DATE _____

INTERNAL AUDITOR _____ DATE _____