

DAIMA SAVINGS & CREDIT CO-OPERATIVE SOCIETY LIMITED

P.O. BOX 2032-60100 EMBU – KENYA.

TEL: 0758 362 003 E-mail: info@daimasaccoltd.com

PIN No. P051097536G

PAYBILL No. 874950

LOAN NUMBER

Serial

SALARIED LOAN APPLICATION AND AGREEMENT FORM

A. PERSONAL INFORMATION

1. MEMBERS NAME
2. ID. NO SAVINGS A/C NO.
3. MEMBERS ADDRESS M/NO.....
4. NAME OF THE EMPLOYER.....
5. JOB DESCRIPTION.....
6. EMPLOYMENT PERSONAL NO.....
7. DATE OF EMPLOYMENT..... NO OF YEARS IN EMPLOYMENT.....
8. MEMBERS MOBILE NO.....
9. VILLAGESUB-LOCATION
- LOCATIONSUB-COUNTYCOUNTY
10. POSITION IN SOCIETY: DIRECTOR ☐ EMPLOYEE ☐ MEMBER. ☐
11. PIN/NO

B. LOAN APPLICATION AND REPAYMENT AGREEMENT

IHEREBY APPLY FOR A LOAN OF KSHS.....
AMOUNT IN WORDS
FOR A PERIOD OF MONTHS TO BE REPAYED ININSTALMENTS
OF KSHS..... COMMENCING ON THE NEXT MONTH.

SALARIED BOSA LOAN (Please Specify)

1. Capital Development (96 Months) ☐
2. Check off Loan (96 Months) ☐
3. MOU (48 Months) ☐
4. Super Loan (72 Months) ☐

SALARIED FOSA LOANS (Please Specify)

1. Salary Advance (3 Months) ☐
2. Vuma Advance (6 Months) ☐
3. Vuka Advance (12 Months) ☐
4. Umeme Loan (24 Months) ☐
5. Pepea Loan (36 Months) ☐

C. PURPOSE FOR WHICH THE LOAN IS APPLIED (in case of several uses, state the exact amount for each case)

1. Ksh
2. Ksh
3. Ksh
4. Ksh
5. Ksh

D. SECURITY WHICH I OFFER FOR THE LOAN IS (N.B. WHERE TITLE DEED IS GIVEN AS SECURITY, IT SHOULD BE CHARGED WITH THE SACCO AND VALUATION REPORT SUBMITTED TO THE SACCO.

S/NO.	NAME OF ITEM	DESCRIPTION	SERIAL NUMBER (IF ANY)
1.			
2.			
3.			
4.			
5.			
6.			

In the event of default in payment of this loan I expressly pass the authority to Daima Sacco to attach or reposes my property shown in the schedule there above for sale by way of profit sales or public auction as security for this loan to recover the principal amount of loan and interest which will be due.

I hereby authorize the necessary deductions including interest which is subject to change in line with the prevailing market conditions to be deducted from my savings account held in this Sacco towards my loan repayment. I shall not change my Pay – point or fail to deposit money in my savings account for loan recovery purpose or open another account in other financial institutions having not cleared my loan with Daima Sacco Limited.

I hereby give authority to the Society to attach the proceeds/savings in the savings account of my spouse/children if I ever do so. I also declare that am not indebted to any other Sacco Society, bank loan or loan agency to an extent of not able to pay this loan. I also give authority to Daima Sacco to check my credit worthiness from the Credit Reference bureau and also share the positive data about this loan. Incase of default I also authorize Daima Sacco to list my account as non-performing or performing account with default history

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the by-laws of the society, the loan policy and discretion by the credit committee in respect of section (b) above.

Applicants SignatureDate

E. LOAN GUARANTEE

I/We the undersigned hereby accept jointly and individually the liability for the repayment of the loan in the event of borrower's default. I/We understand that the amount in default may be recovered by an offset against my/our Deposits in the Society or by attachment of our property, proceeds or any other monies at the reach of the society and that we shall not be eligible for loans unless the amount in default has been cleared in full.

F. PRINCIPAL GUARANTOR SPOUSE/GUARDIAN

NAME
 ADDRESS
 MOBILE NOID. NO.
 SAVINGS A/C NO.....
 RELATIONSHIP
 SIGNATURE LEFT THUMBPRINT



OTHER GUARANTORS

1ST

NAME

1. ID. NO. MOBILE NO.

2. ADDRESS

3. MEMBERS SAVINGS A/C NO

4. GUARANTOR TOTAL DEPOSITS

5. VILLAGE SUB-LOCATION COUNTY

6. LOCATION SUB-COUNTY

SIGNATURE LEFT THUMBPRINT

DATE

2ND

NAME

1. ID. NO. MOBILE NO.

2. ADDRESS

3. MEMBERS SAVINGS A/C NO

4. GUARANTOR TOTAL DEPOSITS

5. VILLAGE SUB-LOCATION COUNTY

6. LOCATION SUB-COUNTY

SIGNATURE LEFT THUMBPRINT

DATE

3RD

NAME

1. ID. NO. MOBILE NO.

2. ADDRESS

3. MEMBERS SAVINGS A/C NO

4. GUARANTOR TOTAL DEPOSITS

5. VILLAGE SUB-LOCATION COUNTY

6. LOCATION SUB-COUNTY

SIGNATURE LEFT THUMBPRINT

DATE

4TH

NAME

1. ID. NO. MOBILE NO.

2. ADDRESS

3. MEMBERS SAVINGS A/C NO

4. GUARANTOR TOTAL DEPOSITS

5. VILLAGE SUB-LOCATION COUNTY

6. LOCATION SUB-COUNTY

SIGNATURE LEFT THUMBPRINT

DATE

G.LOAN RECOMMEDATION BY THE EMPLOYER

I support the application and will inform the society if the applicant terminatehis/her employment with us.The institution commits itself to channel the payment of this member through his account and we shall not allow any change of pay point until the loan is cleared in full.

APPLICANT BASIC SALARY KSH.....
LOAN AMOUNT RECOMMENDED BY EMPLOYER KSH.....
NAME OF RECOMMENDING OFFICER
DESIGNATION..... SIGNITURE.....
DATE

FOR OFFICIAL USE ONLY
ELIGIBILITY CALCULATIONS:

1.TOTAL DEPOSITS KSHS.
OTHER LOANS
1)
2)
3)

AMOUNT CURRENTLY REQUESTED: KSHS.....
TOTAL LOANS:

APPRAISED BY: NAME SIGN..... DATE.....
DESIGNATION.....

AMOUNT RECOMMENDED: KSHS.....IN WORDS

RECOMMENDED BY: NAMESIGN.....DATE.....
DESIGNATION.....

AMOUNT APPROVED: KSHS.....IN WORDS

APPROVED BY:

BRANCH MANAGERSIGNDATE
CREDIT MANAGERSIGNDATE
C.E.O.SIGNDATE
REPAYMENT PERIOD INSTALMENTS PER YEAR/MONTH
INTEREST RATE PER YEAR.
EXPECTED DATE OF COMPLETION

Approval by the Credit/Management Committee Minute No.Date

CHAIRMANSIGNDATE

C/MEMBERSIGNDATE

C/MEMBERSIGNDATE