MOTO HOPE SACCO
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Transforming Lives

LOAN APPLICATION FORM

A. APPLICANTS PERSONAL AND CONTACT DETAILS

MEMBERSHIP NO:	DATE APPLIED:	BRANCH:
FIRST NAME:	MIDDLE NAME:	SURNAME:
MOBILE NO:	EMAIL:	
NATIONAL ID NO:	KRA PIN NO:	
GENDER:	MARITAL STATUS:	RELIGION:
RESIDENCE AREA:	POSTAL ADDRESS:	POSTAL CODE:
COUNTY:	COUNTRY:	COUNTRY CODE:

B. EMPLOYMENT DETAILS

EMPLOYER:		
GROSS PAY KES:	NET PAY KES:	
TERMS OF SERVICE (PERMANENT/TEMPORARY/CONTRACT):		
IF CONTRACT FOR WHAT PERIOD (MONTHS/YEARS):		
DATE OF EMPLOYMENT:	DESIGNATION:	
PAYROLL / EMPLOYEMENT NUMBER:	DEPARTMENT:	
WORK STATION:	COUNTY:	SUB-COUNTY:
OFFICE MOBILE NO.:	OFFICE TEL NO.:	
POSTAL ADDRESS:	POSTAL CODE:	EMAIL:

C. BUSINESS DETAILS

NAME OF BUSINESS:		
TYPE OF BUSINESS:		
BUSINESS REGISTRATION NO.:		
GROSS MONTHLY INCOME (KES):	NET MONTHLY INCOME (KES):	
LOCATION:	COUNTY:	COUNTRY:
TEL NO.:	MOBILE NO.:	KRA PIN NO.:
POSTAL ADDRESS:	POSTAL CODE:	EMAIL:

D. LOAN DETAILS

LOAN APPLIED FOR (KES):
AMOUNT IN WORDS:
PURPOSE OF THE LOAN:
REPAYMENT PERIOD:
MONTHLY PAYMENT KES:

LOAN TYPE	INSURANCE	INTEREST RATE	PROCESSING FEE	REPAYMENT PERIOD	PREFERED PERIOD	TICK
PERSONAL DEV ELOPMENT LOA	1%	18% Per Year	2.5%	36		
BIASHARA LOA N	1%	15% Per Year	2.5%	24		
EMERGENCY LO AN	1%	24% Per Year	2.5%	24		
DEBT FINANCI NG		6% Per Year		60 MONTHS		
ASSET FINANC E	1%	15% Per Year	2.5%	36		
STAFF LOAN		9% Per Year		48		

BORROWERS DECLARATION

I/We hereby declare that the foregoing particulars are true to the best of my knowledge and belief. I/we agree to abide by the society loan policy. I /we further declare that I have understood the terms of this loan product and hereby authorize the Sacco to credit the proceeds of this loan to my MOTO HOPE SACCO savings account.

Membership No. ..... Date ..... Signature .....

WITNESSED BY EMPLOYER/GUARANTOR

Name. ..... ID No. ..... Signature .....

E. GUARANTEE AND COLLATERAL

1. GUARANTORS (if applicable ignore collateral)

In consideration of guaranteeing the above or any lesser amount that maybe approved, we the undersigned herewith accept jointly and severally the liability for repayment in the borrowers default. We understand that the amount in default maybe recovered as an offset against our shares, savings in the Sacco or by attachchment of property or salary.

GUARANTOR 1 DETAILS

NAME:		MEBERSHIP NO.:
ID NO.		MOBILE NO.:
KRA PIN NO.:	EMAIL:	POSTAL ADDRESS:
SIGNATURE:		

GUARANTOR 2 DETAILS

NAME:	MEBERSHIP NO.:
ID NO.	MOBILE NO.:

KRA PIN NO.:	EMAIL:	POSTAL ADDRESS:
SIGNATURE:		

GUARANTOR 3 DETAILS

NAME:		MEBERSHIP NO.:
ID NO.		MOBILE NO.:
KRA PIN NO.:	EMAIL:	POSTAL ADDRESS:
SIGNATURE:		

GUARANTOR 4 DETAILS

NAME:		MEBERSHIP NO.:
ID NO.		MOBILE NO.:
KRA PIN NO.:	EMAIL:	POSTAL ADDRESS:
SIGNATURE:		

GUARANTOR 5 DETAILS

NAME:		MEBERSHIP NO.:
ID NO.		MOBILE NO.:
KRA PIN NO.:	EMAIL:	POSTAL ADDRESS:
SIGNATURE:		

1. COLLATERAL (if applicable ignore guarantors)

TITLE DEED

TITLE NAME:
TITLE NO.:
LR NO.:
ESTIMATED CURRENT VALUE OF LAND/BUILDING KES:

LOG BOOK

LOG BOOK NAME:
LOG BOOK NO.:
CHASES NO.:
ENGINE NO.:
ESTIMATED CURRENT VALUE OF VEHICLE KES:

SHARES

CDS ACCOUNT NO.:
ACCOUNT NAME:

NO. OF SHARES:
ESTIMATED CURRENT VALUE OF SHARES KES:

The borrowers should attach the following:

1. If using guarantors:

a) A copy of National ID Card. b) A copy of KRA PIN. c) 3 latest certified payslips if employed.

2. If using collateral:

a) A copy of National ID Card. b) A copy of PIN. c) A copy and original title deed/log book if applicable.

F. DECISION

a) Recommended by SACCO - LOANS OFFICER

I certify that the information regarding shares and outstanding loans and guarantors is correct as per attached documents and recommended loan of KES ..... (in figures) and KES .... (in words) with the following repayment period and monthly repayments.

REPAYMENT PERIOD (MONTHS):
MONTHLY REPAYMENT (KES):

I certify that above information is correct.

Name..... Employee No. ..... Date ..... Signature .....

b) Decision

ACCEPTED (YES OR NO):		
NOT ACCEPTED (REASONS):		
LOAN AMOUNT APPROVED KES:		
REPAYMENT PERIOD (MONTHS):	MONTHLY REPAYMENT AMOUNT KES:	
INTEREST AMOUNT KES:	PROCESSING FEE KES:	INSURANCE FEE KES:

I ..... of ID No. ..... do hereby conscientiously declare that I have read and understood the terms of this loan document and that I willifully accept this loan of KES ..... I hereby agree to make all the required monthly repayments without delay.

Name..... Date ..... Signature .....

OFFICIAL

Name..... Employee No ..... Signature .....

Name..... Employee No ..... Signature .....