

C O N F I D E N T I A L

**HACO SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED
LOAN APPLICATION & LOAN AGREEMENT FORM**

Loan No _____

A. PERSONAL INFORMATION

- | | |
|--|---|
| 1. Member's Name _____ | 8. Present Gross Income per month Ksh. _____ |
| 2. Member's Permanent Address _____ | 9. Loans guaranteed to other members Ksh. _____ |
| 3. Mobile No. _____ | 10. Position in Employment _____ |
| 4. Employers Payroll Number _____ | 11. Terms of Service - Permanent/Temporary
Contract/Pension _____ |
| 5. SACCO Membership Number _____ | 12. Position in Society - Committee/Member/Officer/
Employer/Other - specify _____ |
| 6. Work Station _____ | |
| 7. Employer and Mailing Address _____
_____ | 13. ID No _____ |
| | 14. Bank Account No. ----- |
| 15. Bank Name _____ | 16. Bank Branch. ----- |

B. LOAN APPLICATION & REPAYMENT

I _____ hereby apply for a loan Ksh. _____ (amount in Words _____) for a period of _____ Months to be paid in Installments of Ksh. _____ each month, commencing on _____

I would like my cheque to be Open/Closed (state one) _____

DEDUCTION DETAILS (FOR OFFICIAL USE)

Principal Ksh _____ Interest Ksh _____ Insurance Ksh _____ Total Ksh _____
Chq. No. _____ for Ksh _____ Dated _____ OR Cash Ksh _____

C. PURPOSE FOR WHICH LOAN IS APPLIED

D. LOAN PRODUCT TYPE: _____

E. I request the society to offset my outstanding _____

F. SECURITY WHICH I OFFER FOR THE LOAN IS:

1. SHARES & SALARY 2. TERMINAL DUES 3. GUARANTEES 4. _____

G. 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 any variations by the Credit Committee in respect of Section B above. I hereby authorize the necessary deductions, including 1.25 per cent interest monthly and insurance premium as required, to be made from my salary as repayment for this loan.

H. By signing this form you give us authority to reference on you and share information with Credit Reference Bureau.

SIGN. OF APPLICANT _____ **DATE** _____

WITNESS NAME _____ **SIGNATURE** _____

ADDRESS _____ **PAYROLL NO** _____

