



HAZINA SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD.

P.O. BOX 59877 - 00200 NAIROBI

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Kibera Road off Ngong Road behind Shell Petrol Station (formerly Kobil)

E-mail: info@hazinasacco.or.ke.

LOAN APPLICATION & AGREEMENT FORM

(Revised 2016)

LOAN REGISTRATION NO.....

DATE.....

A. REQUIREMENTS AND INSTRUCTIONS (*Applicants must read the following before completing this form*)

1. Applicants are required to be familiar with the Society’s current Loan Policy.
2. The applicant **must fill parts B - F** in full. Incomplete forms will be returned unconsidered.
3. The applicant is required to attach **original current pay-slip** (not more than two months old to the date of application) and a **copy of National ID card** for every loan applications. Original **Log book, title deed & Fixed Deposit/share deposit statement, PIN card, 12months bank statement where applicable.**
4. Normal Loan application forms received up to the **20th day of the month** are considered at the end of the same month. Forms received thereafter are considered at the end of the following month. All other loan categories are processed as they are received.
5. To enable the Society disburse your loan to your bank account, indicate your bank account Number, Name of Bank and Branch (where applicable) on **section C OR for MPESA** indicate the M-Pesa registered cellphone number.
6. **In case your Loan is not recovered through the Payroll, please ensure that it’s paid by CASH promptly to avoid Interest in arrears, penalty and DEFAULT.**

B. PERSONAL INFORMATION

1. Member’s full Name
2. Member’s Current Address.....
3. Member’s Home Details: Address.....
CountySub-county.....Location.....
Sub-Location.....Village.....
Physical location (town/estate/street).....
4. Personal/Employment No.....Membership/No.
5. Mobile No.....Office Tel. No.....Ext.....
6. Work Station.....E-mail.....
7. Employer/Ministry.....
8. Employer’s mailing address.....
9. Terms of Employment - Permanent & Pensionable/Temporary/Contract/Other (Specify if Temporary or Contract state period).....
10. Position in Society - Board member/Supervisory Committee member/ Delegate/ Member/ Employee/ other (Specify).....
11. Age ID No.....PIN. No.....

TYPE OF LOAN (Tick as appropriate)

BOSA LOANS		Max 12 months	Max 12 months	Max 12 months	
	DEVELOPMENT /TOP-UP	SCHOOL FEES	COLLEGE FEES	EMERGENCY	EMERGENCY TOP-UP

FOSA LOANS	Max 12 months	Max 24 months	Max 48 months	
	HSF OKOA	HSF SPECIAL ADVANCE	KARIBU LOAN	

NOTE: All loans interest rate is on reducing balance.

C. MODE OF PAYMENT.

- (i) **EFT:** Account Name. Account No.....
 Bank Name..... Branch.....
- (ii) **By MPESA :** Registered Cellphone No :
- (iii) **FOSA:** Account Name. Account No.....
- (iv) **By Cheque:** Payee.....
 Branch Account Name:

D. LOAN APPLICATION & REPAYMENT

I (Full Names)hereby apply for a loan of
 Kshs.....
 (Amount in words)..... for a period of.....months to be paid
 in installments of Kshs each month commencing immediately.

E. PURPOSE FOR WHICH LOAN IS APPLIED *(In case of several uses of the loan, state the exact amount for each use).*

- 1. Kshs
- 2. Kshs.....

F. APPLICANT’S DECLARATION *(for group/corporate signatories as per constitution)*

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 variations by the Credit Committee, I also consent to the Society checking and filing all the information with the Credit Reference Bureau (CRB) in respect of section D above. The security that I offer for the loan is my salary, shares/deposits, guarantor’s shares/ deposits, acceptable collateral and any other benefits due to me from my employer, from the Society (e.g. dividends, bonuses etc.). I authorize the necessary deductions, including interest at the current rate be made from my salary as repayment for this loan.

(Signature 2 & 3 are applicable for group & corporate)

SIGNATURE (1).....**DATE**.....

SIGNATURE (2).....**DATE**.....

SIGNATURE (3).....**DATE**.....

WITNESSED BY (NAME)**MEMBER** No.

CELL PHONE.....**ADDRESS**.....**PAYROLL** No.....

SIGNATURE.....**ID/No.**.....**Date**.....

G. REPAYMENT GUARANTEE (To be completed by the guarantors who must be members of the Society)

We, the undersigned, hereby accept jointly and severally for the repayment of the loan balance, loan interest and any other cost pertaining to the loan in the event of the borrower's default. We understand that the amount in the default may be recovered by an offset against our shares/deposits in the Society and/or by attachment of our property, salary and any other benefits due to us from the Society (e.g. dividends, bonuses etc.) and that we shall not be eligible for loan(s) unless the amount in default has been cleared in full.

(i) GUARANTORS (fill where applicable)

Personal/ Employment No.	Full Names	ID No.	Employer/ Ministry	Amount Guaranteed (Kshs)	Deposits (Kshs)	Signature	Witness Sign & P.No/Reg.No
TOTAL							

(ii) COLLATERAL**Title deed**

Title Name:		Certified Value
Title No:		
LR.No:		
Confirmation of documents attached(sign): office		

Log book

Log book Name:		Certified Value
Log book No:		
chassis No:		
Engine No:		
Confirmation of documents attached (sign):office		

Shares/ Fixed deposits

CDS / FD Account No:		Certified Value
Account Name:		
No. of Shares		
Value of shares		
Fixed deposit amount		
Confirmation of documents attached(sign):office		

Note: Attach original and copy of collateral document, ID, PIN & consent letter for (joint owned property).

H: EMPLOYERS UNDERTAKING (To be completed by Management)

On behalf of the employer / management ,we undertake to effect deductions for the loan applied and hereby confirm that the application qualifies for the loan in line with the ruling payroll policy of one third deductions and further undertake to recover loan defaulted from the employee’s benefits.

Name.....Designation.....

Signature: Date:.....

FOR OFFICIAL USE ONLY

I: LOANS OFFICE

I certify that this loan application is within the Society’s current Loan Policy and I recommend it be approved for the amount of Kshs.....Repayable in..... installments at the rate of Kshs.....Per month.

Loan balance(s) Kshs.....

Charges Kshs.....

Net Amount Kshs..... comment(s).....

Appraised by:

Loans Officer: Name**Signature**.....**Date**.....

(For FOSA LOANS) Total interest to be paid.....Total loan + Interest.....

Verified by:

Loans Manager: Name**Signature** **Date**.....

J. CREDIT COMMITTEE

Loan approved Kshs.....recoverable in.....Installments, at the current interest rate per month, on a reducing balance with effect from (Date)..... Current Loan applied for Kshs.....Previous Loan balances Kshs..... Amount due Kshs.....

(Amount in words).....

Loan rejected for the following reason(s)

Loan deferred for the following reason(s)

Credit Committee Minute No..... Date.....

TOP UP LOANS

1. Write a Cheque of Kshs.....

2. Load Kshs.....For Recovery

Comment(s) to Accounts/Loan’s Officer.....

Chairman Signature.....Secretary Signature.....Member Signature.....

K. FEEDING FOR RECOVERY

Loan advanced (TYPE) KshsRate of recovery Kshsper month w.e.f.....

Interest in arrears Kshs..... Rate of recovery Kshs... ..Per month w.e.f.....

Posted by (FOSA) Name.....Signature.....Date.....

Fed by: Name.....Signature.....Date.....

L. CHEQUE DISPATCH

1. Cheque No.....Kshs..... Dated.....

2. Cheque Received by: NameSignature.....ID/No.....Date.....

M. EXAMINED BY: Internal Auditor. NameSignature.....Date.....