

P.O. Box 1175, Embu – 60100 Email:yoken.sacco@gmail.com LOAN APPLICATION FORM

Loan No: Date:											
IMPORTANT: Loan application form should be submitted and received in the society's office on or before the payment date. applications will be considered in the order by which they are received and the purpose applied for and will be paid depending with the availability of funds.											
a) Personal Information:											
Name in full:								mber:			
Payroll No:		Departm	Department:			Terms of Service:					
Date of Birth		Age:					Address:				
Mobile No:		Bank :					Bank Branch:				
Membership No:		Bank Ad	Bank Account Number:								
Total Savings to date Outstanding Loan											
2. Loan application and repayment: I (full name as per ID)											
hereby apply for a loan of Kshs, shillings (in words)											
to be repaid in 12, 24, 36, 48, 60 Other: monthly installments of Ksh per month commencing on											
The purpose of this loan is:											
SELECT LOAN TYPE:											
Norma Loan Business loan								Dividend discounting			
School fees	Instant loan										
Emergency		Smart loan									
Offset amount Kshtop up charges KshProcessing fees KshTotal deduction Ksh											
 a) I Authorize YOKEN SACCO and my employer, FIDES (K) LTD to recover the loan granted to me plus interest due at prevailing rates from my monthly salary in the monthly installments which may be finally approved by the credit committee b) I authorize YOKEN SACCO and my employer FIDES (K) LTD to recover in lump sum my loan in excess of my total share contribution plus interest from my salary and any other terminal monetary benefits given by my employer upon termination of my services. c) I authorize you to increase / decrease my savings contribution in accordance to loan policy rule of 2/3 computation upon default of the above applied loan and Loan policy section 1.8(viii) d) I commit to make monthly instalments of both loan as per repayment schedule and savings on prorate basis. Signature: 											
3. To be completed by guarantors: Repayment Guarantee In consideration of granting the above loan or lesser amount that may be approved, I/We the undersigned hereby accept jointly and severally liability for its repayment in the event of borrower's default. I/We will pay the amount in default; failure to which it will be recovered by an off-set against my/our shares in the society or by attachments of our property or salary and that I/We shall not be eligible for loans unless that amount in default has been cleared. (Note: Members should not guarantee for more than four running loans)											
Name of guarantor	<u> </u>	PNO.	ID Num	ber	Tota Savi		Loa bala	ance	Signature	Mobile Number	
1.											
2.											
3.											
4.											
5.											
6.											
MCRB CONSENT CLAUSE Kindly note, by signing this form, you allow YOKEN SACCO LTD to share your credit information, both positive and negative, with Metropol Credit Reference Bureau, and also to check your credit report for credit appraisal purposes.											

Name......Date......Date......

4. For official use only:										
Monthly Contribution	KShs.		Total Contribution to	date: K	Kshs.					
Balance of previous loan			Signature							
5. To be completed by Credit Committee										
Maximum loan by savings:	KShs.	KShs.								
Maximum Loan by Salary:	KShs.	KShs.								
Total Loan Guaranteed	KShs.	KShs.								
Loan application no:			Accepted	N	lot Accepted					
If not accepted, give reaso	ns:									
Date:	Signature	Chairman:	Signature 1st Membe	r	Signature 2 nd Member					
6. To be completed by Executive and full management										
We have examined the above application in conjunction with remarks given above and decided as follows:										
Loan approved: KShs.		Recoverable monthly installments	'							
Loan deferred/rejected for following reasons:	the			I_						
Date: Mir			Minute No.	Vinute No.						
A cheque /EFT for the amo	ount we have approve	ed should be prepared a	and the treasurer is hereb	by instructed a	and authorized to do so.					
Signature Chairman	Signature	Secretary	Signature Treasurer		Signature Member					
7. To be completed by the society office:										
Cash Voucher no:	Cheque no:		Transaction ID							
Payment/Cheque Prepared	d by (name):		Amount Ksh	s						
Signature			Date:							
Cheque dispatched/ collec	ted by (name):	<u>I</u>	ID No:							
Signature			Date:							