

## ARCHDIOCESE OF NAIROBI

SOCIAL PROMOTION REGISTERED TRUSTEES

# LOAN APPLICATION FORM

Serial No:	08	160	45
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FOR OFFICIAL US	EONLY		TIME	And Street	Magazi			
NAME OF SELF-HE	LP GROUP:							
Received By: Name:				Signature			Date:	
Membership Numb (As per the system).	c:  Inbership Number Incerthe system):  LICANT INFORMATION  e of Applicant:  Inal ID/Passport No:  Ital Status: Married  Single  Widow  of Birth:  ent Address:  of Residence: Town:  Sence: Owned  Rented  Monthly p  LOYMENT INFORMATION (WHERE APPLICABLE)  ent Employer:  ic: Position:  Town:  County:  III:  ER SOURCES OF INCOME				(As per the previous credit history):			
APPLICANT INFO	RMATION							1-17-
Name of Applicant								
National ID/Passpo	rt No:			M/No:				
Marital Status: N	farried Single	Wid	ow 🗆	Others:				
Date of Birth:				Phone No:				
Current Address:								
Area of Residence:		To	wn:		Esta	te/village:		
Residence: Owned	Rented 🗆	Mont	hly paymer	ntorrent				
EMPLOYMENT IN	FORMATION (WHERE							
Current Employer:				Employer Ad	ddress:			
Phone:		Position:				d in Current	Employment:	
City/Town:		County:			100000	hly Income:		
E-mail:								7,5
OTHER SOURCES	OF INCOME							
Description: 1.					Mont	thly income:	1.	
2.							2.	
3.						The said	3.	
LOAN APPLICATION	N					LE EV		
Amount Requested in Figures, Kshs:		Amou	A CONTRACTOR OF THE PARTY OF TH					
Repayable in	monthly insta	Iments						
Purpose of the Loan	1.							
A SHARE SHARE	2.							
OTUED LA LIVE	3.							
	EBTS/OBLIGATIONS							
Description:					Amo	unt:		
1.					1.		- Institute	
2.					2.	-		
Applicant Signature					Date			

#### TERMS AND CONDITIONS

### The Applicant must read the following terms and conditions before filling and signing this form;

- The Loan Application must be made on this official loan form, fully completed and appropriately signed by both the loanee
  and guarantors in their own handwriting.
- 2. The applicant must be willing to cooperate in the pre-loan application interview by the appraising officer.
- Loans are granted in accordance with the self-help programme credit policy and lending conditions existing at the time of application.
- 4. The applicant must have paid their savings consecutively for a minimum period of six months prior to the date of application.
- 5. Any amount of money paid by a member to boost savings shall wait for four months before it can be used to secure a loan.
- 6. The amount applied for shall be fully covered by the loanees and guarantors' savings.
- The applicant must undertake to service the applied loan regularly without causing embarrassment and loss to the guarantors.
- 8. The self-help group shall contact the guarantors to verify their guarantorship consent.
- 9. A dormant member shall not be considered for any loan.
- All loan applications for Kshs. 1,000,000.00 and above must be accompanied by the current 6 months bank statement and
  they will be subjected to the coordinating office for further approval after the executive committee approval.
- An emergency loan that is restricted to Kshs. 100,000.00 and below will be granted with a maximum repayment period of 12
  months supported by evidenced documentation.
- 12. School fees loan will be granted on production of a valid school fees structure and is repayable within 12 months from the date of disbursement for primary and secondary schools and 24 months for higher education institutions.
- 13. If a member decides to cancel his/her loan after the process has been finalized a fee of Kshs \_\_\_\_\_\_/= shall be charged
- Any alteration on the loan form may cause disqualification.
- 15. The applicant shall by completing this application authorize Caritas Nairobi through the applicant's self-help group to receive, share, provide and exchange applicant's credit information with Credit Reference Bureau(s).

#### APPLICANT COMMITMENT

I declare that I have READ, UNDERSTOOD AND SHALL COMPLY with all the TERMS AND CONDITIONS as contained in this loan application form, and the particulars I have given are true to the best of my knowledge and belief.

Signature:	Date:
Witnessed by:	
Name:	Member number:

HO BE COM	PLETED BY THE GUARA	NTORS)							
Guarantors to j	fill their details in the table to n words. (Borrower's savin	below and st gs must cov	hould sign ver a third	after the a	Applicant has in	dicated the	amount a	pplied and gu	aranteed both
Amount of loa	n guaranteed Kshs:	A	mount in	Words:					
liability for its  We understan self-help grou	on of granting the above lost repayment in the event of it d that if the amount of loar p and that we shall not be on s well known to us and w	an or less and the borrower granted at eligible for a	nount that er's defaul pove is def loan unle	t may be a lt. faulted, it ess the am	will be recovere	e undersig ed by an of has been f	fset again ully cleare	st our saving	
M No.	Name in Full	Cell Pho	ne No.	Id No.	Self-help (	Group Nam	e An	nount	Signature
	Ce Ce		ne No.	Id No.	Self-help	Group Name: 1		fered	Signature
DEDCOMAL	COMMITMENTS								
the foregoing self-help grou	ge my future savings as add particulars are true to the p by-laws, terms and condit referenced upon this appli	best of my tions of the	knowledg self-help	ge and bel programm	lief and I agree ne credit policy i	to abide by and variation	y the self- ons by the	help program	nme guidelines, ommittee. I also
Signature:						Date:			
	AL USE ONLY								
GUARANTO	RS VETTING								
MNo. (as per the system	Name in Full(as per th	e system)	1207	current vings	Existing loan balance	Available (Free s	savings hares)	Amount Offered	Appraiser remarks
	100					-			
				-					

Comments by the vetting	held in our records/files						
(Credit officer):	ornicer						
Names (in full):							
Signature:				Date:			
LOAN APPRAISAL (BY	CREDIT OFFICER)						
Loan ability has been com		of savings ability, inc	ome ability, and	the amount	guaranteed		
	mended for approvac						1
Amount in Figures, Kshs :		Amount in Words:					
payable in	Monthly equ	ual instalment of Ks	hs			per month.	
Comments by the appr	aising officer (on this	form and in the sy	stem):				
Names (in full):			Signature			Date:	
Loan Appraisal Confirm	ned by (Specify the de	signation):					
Names (in full):			Signature			Date:	
LOAN EXAMINATION	AND ABBROVAL BY	VECUTIVE CONT	ITTEE				
We the executive common the self-help programmed we have also confirmed self-help group bylaws a	e guidelines, self-help gro I that the proper loan pr	oup bylaws and exis ocessing has been	followed in according the applied loan	currently in rdance with	force. the self-help ement.	programme	
Chairperson Name (in full):			Signature			Date:	
Treasurer Name (in full):			Signature			Date:	
Secretary Name (in full):			Signature			Date:	
COORDINATING OFFIC	E FINAL APPROVAL	(WHERE APPLICA	ABLE)				
Approving Officer's Name				Designati	ion:		
ignature:				Date:			
OAN DISBURSEMENT			- 12 8 1 1				
Payment Voucher No:		Cheque No.:		10	Cheque Date		
400) - Danie - Brand -							
Recipient Full Name (Must be the applicant): Amount Received: Kshs:		Amount in Words:					