



ACC&S SACCO SOCIETY LTD

P.O. Box 8022-01000

ACC&S Head Office THIKA

Cell: 0712-766,276

E-mail: accssaccosociety@gmail.com

General Kago Road

MEMBER LOAN APPLICATION

Office R/No. _____ Date received in office _____

A. PERSONAL DETAILS

Full Names _____

I.D/PassportNo. _____ (Attach Copy)

Physical Address (Home/Estate) _____ E-mail: _____

Telephone (Private) _____ Age _____ Membership Number _____ Payroll Number _____

B. LOAN DETAILS

Please state the loan type by ticking.

Normal Emergency School fees Super School Fees Advance Refinancing

Amount in figures: _____

Amount in words: _____

Repayment period (in months) _____ Purpose of the loan _____

Member's Signature _____

C. MEMBERS BANK ACCOUNT DETAILS

Account Name: _____

Account Number

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Bank Name: _____ Branch: _____

D. EMPLOYER DETAILS

Employer _____

Physical Address / Station _____ Office Telephone _____

Designation _____ Department _____

E. SELF EMPLOYED MEMBERS

Local church / Parish _____

Physical Address (Local church) _____

Parish ministers's Name _____ Sign _____

Parish ministers's Tel No. _____

	GUARANTOR'S NAME (Must be a sacco Member and MUST provide copy of I/D)	LOCAL CHURCH	ID NO.	PHONE NO.	PIN/NO.	MEMBERSHIP NO.	AMOUNT GUARANTEED	SIGNATURE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

GUARANTORS

i) Repayment Guarantee

We, the undersigned guarantors hereby accept jointly and severally liability for the repayment of the loan in the event of the borrower's default. We understand the amount may be recovered by an offset against our deposits in the society or by attachment of our salaries or properties and that we shall not be eligible for loans unless the amount in default is equal to the deposits owned by the defaulter.

NB: Guarantors are strongly advised to read all the information provided in this form by the applicant and terms and conditions contained herein, so as to understand the full implications of signing this part.

F. TO BE COMPLETED BY EMPLOYER'S ACCOUNTS DEPARTMENT (applicant not authorized to sign)

Gross Salary _____ Outstanding Company Loans _____ Net Salary _____

Name _____ Signature _____

Designation _____ Official Stamp _____

G. TO BE COMPLETED BY SACCO CREDIT DEPARTMENT

I certify that the company has no objection to this loan application and further agrees to effect the requirements of the loan agreement in favour of **ACC&S SACCO SOCIETY LTD.**

If there is any objection please specify.....

Name _____ Signature _____

Designation _____ Official Stamp _____

NOTES

1. Form must be filled in full and must attach a copy of ID or Passport.
2. The payslip must be current and signed/stamped by the employer.
3. A new member is eligible for a first loan after six months.
4. For the purpose of loan approval, any cash deposits will be disregarded unless it has been with the Sacco for not less than six months.
5. Emergency, school fees and super school fees loans must be supported by documentary evidence.
6. Unless otherwise advised through a Sacco Circular, Maximum repayment periods and interest rates are as follows:
 - a) **Normal loan** 1 - 36 months interest rate 1.5% per month
 - b) **Emergency loan** - 12 months interest rate 1.5 % per month.
 - c) **School fees** - 12 months interest rate 1.5 % per month.
7. The Credit or Administrative Committee has authority to approve a lesser amount of loan than applied for, if the member does not qualify for the amount applied for.
8. This form is for **all types of loans.**
9. Note that incomplete form will cause delay.
10. Cancellations / Alterations can cause delay in processing of the Loan application.

H. SECURITY OFFERED (Tick where appropriate)

My Deposits Property My Guarantors My Salary My Terminal Benefits

Authority to Deduct My Salary, Hold My Deposit and Terminal Dues and Dispose My Securities

I hereby authorize the Society to deduct my salary to pay the amount of loan granted to me on Monthly basis under the terms which the loan is given until it is cleared in full. Should I leave employment before completion of repayment, or default to pay, I hereby authorize the balance to be deducted from my deposits in the society, my terminal benefits and attaching any other properties that I have given towards the loan.

H. BORROWER'S DECLARATION

In connection with the application and/or maintaining a credit facility with ACC&S Sacco, I authorize the Sacco to carry out credit checks with or obtain my credit information from, a credit reference bureau. In the event of account going into default, I consent to my name, transaction and default details being forwarded to a credit reference bureau for listing. I acknowledge that this information may be used by banking institutions and other credit grantors in assessing application for credit by name, associated companies, and supplementary account holders and for occasional debt tracing ,fraud prevention purposes and for any other lawful purposes.

Borrower's Name _____ **Signature** _____

ID/Passport _____ **Date** _____