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 ☐ Top - Up ☐ 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

Bank Name:.....Branch.....

D. EMPLOYER DETAILS

Employer_____

Physical Address / Station_____Office Telephone _____

Name: _____Sign_____

Designation _____Stamp _____

E. SELF EMPLOYED MEMBERS

Local church / Parish _____

Physical Address (Local church) _____

Parish ministers's Name _____Sign/Stamp .....

Parish ministers's Tel No. _____

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.

	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 GUARANTED	SIGNATURE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

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 lumpsome deposits will be disregarded unless it has been with the Sacco for not less than three 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 - 60 months interest rate 1% per month
   - **b) Emergency loan** - 12 months interest rate 1% per month.
   - **c) School fees -** 12 months interest rate 1% 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** _____