

LOAN APPLICATION FORM

Membership No. MHS.....

Loan Reg. No. L.....

PERSONAL CHECKLIST

BUSINESS MEMBER

- ID/Passport
- PIN certificate
- Referee & Guarantors IDs/Passports
- Certified Bank statements for the last 12 months for registered business
- Certified Bank statement for the last 2years for unregistered business
- Authority to use Bank statement by the other directors/Partners
- Certificate of Incorporation /Registration
- CR 12 for limited companies /Partnership
- Declaration of Income and Expenditure for one year
- Business permit

SALARIED MEMBERS

- ID/Passport
- PIN certificate
- Referee IDs
- Guarantors IDs / Passports
- Pay slips for the last 3 months (certified by employer)
- Certified Bank statements for the last 3 months (salary A/C)
- Self guaranteed to provide either of statements or payslips

COLLATERAL OPTIONS

- Original documents; -logbook/title deed/MHCL certificate
- Copy of car insurance sticker
- Unit trust statement
- Original Insurance policy
- MICL pledge letter
- CHS Birth certificate & Endorsement Letter
- Signed guarantorship forms and ID copies

**Members shall be required to provide email address of the bank for validation of their bank statements for loans of 1million and above*
**Please complete this form in block capitals, also note Incomplete forms will be returned unconsidered.*

1. MY PERSONAL DETAILS

Name: ID No: PIN No:
 Personal Email Address: Mobile No: Marital Status:
 Current Postal Address: Code:
 Physical Location: Nearest Public Institution:
 Street/Lane: Plot No./ House No:

2. AMOUNT APPLIED (In figures): Kshs : (In words)

3. LOAN TYPE.

Normal Gold Top-up Swift Asset Plot Buying Home care Multi

Repayment period Offset existing Loans (Specify)

Purpose of the loan

4. SECURITY OFFERED FOR THE LOAN (Attach Original Document (s) where applicable)

Deposit 100% Logbook 50% NSE Shares 50% Logbook Asset Financing 75% Children Scheme 100%

MHCL Title Other Titles (Urban) 60% Other Titles (Rural) 40% Unit Trust 100% Fixed Deposit 100%

MHCL Certificate of Completion 100% Insurance Life Policy 100%

5. DISBURSEMENT MODE: BANK OR MOBILE TRANSFER

**I am authorizing your office to transfer my loan amount to the following Bank/M-pesa details (Funds will be net of bank charges and loan balances being offset and other incidental costs)* EFT RTGS M-pesa

Account Name..... Bank.....

Branch Account No.

Mobile Name (For Mpesa Only) Mobile No.

6. EMPLOYMENT DETAILS

Name of employer..... No. of years with Employer:
 Department..... Position.....
 Work physical address..... Telephone (Work)

7. BUSINESS DETAILS (Business members only)

Name of business:Type of business:Registration No:
 PIN No:Years in operationTelephone NoPhysical location

8. REFEREES (One referee must be a relative)

	Referee 1	Referee 2 (Must be a relative)
Full Name		
Relationship		
Tel: (Home/ Mobile)		
Email Address		

9. LOANS WITH OTHER FINANCIAL INSTITUTIONS

Name of the Financial Institution	Principal Amount	Installment Amount (per Month)	Current Balance

10. LOAN GUARANTEE (Read and understand before signing)

I/We, the undersigned acting as guarantors for the loan requested on page 1 of this application form understand and agree jointly and severally that all deposits with Mhasibu Sacco Society Ltd, owned by me/us-are hereby pledged as security for the said loan. The applicant hereby agrees that if the securities are not enough the personal belonging shall form guarantee of the loan balance and should be attached. In case of default in repayment by the loanee the management is hereby authorized to deduct any balance interest and cost appertaining to the loan from the securities hereby pledged. Our details are as provided below:

Complete this part in block capitals: Guarantors' name should be written in full.

MEMBER NO.	MEMBER NAME	PHONE NO.	AMOUNT GUARANTEED (Please indicate amount)	SIGNATURE	DATE	

Please note the amount guaranteed must be indicated

COMMUNICATION TO DEFAULTERS

Incase of default the communication to the guarantor and the Applicant will be as follows;

- i) First month notification will be by Email to the loan Applicant.
- ii) Second month notification will be to both the Applicant and the guarantors through an Email.
- iii) Third month default will be communicated through email to member and guarantors.

11. TERMS & CONDITIONS

I understand that the basic rules applicable to this application are as Listed and understand the loan will be granted only according to these rules.

- i) Members are limited to four times (or as may be prescribed) the sum of shares and deposit held, but subject to availability of funds.
For self-guaranteed loans only, uncommitted deposits shall be considered.
- ii) 2/3 rule shall apply in the loan appraisal.
- iii) A member will be required to maintain a monthly deposit contribution depending on loan repayment period and amount contribution subject to the current requirements based on loan applied for as shown below:

Loans Amount (Kshs)	Up to 48 Months Minimum Contribution (Kshs)	Beyond 48 Months Minimum Contribution (Kshs)
Up to 500,000	1,600	2,000
500,001 - 1,000,000	1,600	4,000
1,000,001 - 1,500,000	2,000	5,000
1,500,001 - 2,000,000	3,000	7,500
2,000,001 - 3,000,000	6,000	10,000
3,000,001 - 4,000,000	10,000	15,000
4,000,001 - 50,000,000	15,000	20,000

- iv) Outstanding loans must have been cleared/ offset before a new loan is granted OR the member allows the Sacco to offset the outstanding loans as per the standing policy guiding respective loan products.
- v) Members must have contributed for a minimum period of six consecutive months having a minimum share/deposit contribution
- vi) The guarantors must be members of the society, one can guarantee a maximum of 7 loans including theirs.
- vii) Lumpsum contribution for the purpose of securing a loan can be considered only if such money remains in the Society for at least six months, OR subject to a commission between 10% to 40% commission on the lumpsum for members in good standing.
- viii) In case of default in payment the entire balance of the loan will immediately become due and payable at the discretion of the Board and all deposits owned by the member and held by the member and any interest and deposits due to the member will be set against the owed amount. The member will also be liable for any costs incurred in the agencies so appointed for the loan balance and accumulated interest. Any remaining balance will be deducted from the member's salary and or terminal benefits and the employer is authorized to make all necessary deduction by authority of the member's signature appended below.
- ix) Members applying for loans above 5 million shall be required to provide additional security besides the guarantors as maybe prescribed from time to time.

12. MEMBER DECLARATION

- i) Notwithstanding the credit facility. I/We understand that Mhasibu Sacco Society Ltd shall obtain credit report from Credit Reference Bureau (CRB) as may be required in certain circumstances at the discretion of the Board and share my loan performances with the CRB.
- ii) I hereby declare that the foregoing is true to the best of my knowledge and belief and I agree to abide by the by laws of the society, the credit policy and any variations by the board in respect to above sections. I/we further confirm that, I/we understand that in case of default, the defaults information will be furnished to a CREDIT REFERENCE BUREAU, ICPAK, KASNEB, Other relevant bodies/institutions without prior written consent.*

*Mhasibu Sacco lists all loans with CRBs, non-performing loans will be listed as loans in default.

Applicant:

Name..... Signature..... Date:

Witnessed by:

NameSignatureMembership No/ ID No.

IRREVOCABLE INSTRUCTIONS

MODE OF PAYMENT

Check off Direct Debit Standing Order Others (Specify).....

NOTE: All loan applicants for amounts of Kshs 200,000 and above will be expected to sign a direct debit Authority Form.

To The

..... (Employer)

MEMBER'S SECTION

IRREVOCABLE INSTRUCTION FOR LOANS REPAYMENT

I Employer's No

hereby authorize and request you to deduct from my salary each pay day the sum of shillings (Kshs).....

(in words).....

LOAN REPAYMENT TERM

Loan repayment (Principal + Interest)	Deposit (matched to loan amount)	Total

With effect from20.....to.....20..... to be paid to Mhasibu Sacco Limited and that in the event of my leaving the institution, my terminal dues equivalent to outstanding loan balance be withheld until a letter of clearance is received from Mhasibu Sacco Limited.

These instructions shall be terminated or amended only with knowledge and written approval of the Board of Mhasibu Sacco limited.

Members Signature: Membership Number: Date:

EMPLOYER'S SECTION (Acknowledgment of irrevocable Instructions)

Name Signature

Date

Designation

OFFICIAL RUBBER STAMP

SOCIETY'S SECTION

(For official use only)

Received By:

Name: Signature:

Date Time

DIRECT DEBIT AUTHORITY FORM

<u>Member Details</u>	<u>Beneficiary details</u>
To	Name: MHASIBU SACCO SOCIETY LTD
Bank Name:	Bank Name: Co-operative Bank of Kenya Ltd
Bank Code:	Branch: Co-operative Bank House, Nairobi
Branch Name:	Branch Code: 11031
A/c No:	Account to be credited: <u>01120040136100</u>
Membership No:	Originator Code: 1235

Member's Name: **ID No.**

Address: **Tel No.**

I/We hereby request, instruct and authorize you to draw against my/ our account with the above mentioned bank or any other bank or branch to which I/ We may transfer my/ our account the sum of Kshs (amounts in words)

..... the amounts necessary for payment of the monthly installment/premium due in respect of the above-mentioned agreement/Sacco on the day of each month commencing on and continuing (as the case may be). All such withdrawals from my/our account by you shall be treated as though they have been signed by me/us personally.

The amounts are variable and may be debited on various dates. I/We understand that you may change the amount and dates only after giving me/us prior notice.

I /We understand that the withdrawals hereby authorized will be processed by Direct Debit transfers and I /We also understand that details of each withdrawals will be printed on my bank statement or an accompanying voucher. I/we agree to pay any bank charges relating to this authority.

This authority may be cancelled by me /us giving you 30 (thirty) days' notice in writing, sent by prepaid registered post or delivered to the offices of the above mentioned company/ association but I /We understand that I /We shall not be entitled to any amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this Authority by you shall be regarded as receipt thereof by my/ our bank (whichever it is or will be). I/ We understand that if any Direct Debit Transfer is paid which breaks the terms of this authority, you will make a refund upon application.

Sign Date

(Member's Signature as used for signing cheques)

Witnessed By..... (MHASIBU SACCO STAFF)

Sign.....

For Bank use only:
Confirm Bank Details & Signature:..... Approved By:.....
Date Stamp: