



DAIMA SAVINGS & CREDIT

CO-OPERATIVE SOCIETY LIMITED

P.O. BOX 2032-60100 EMBU – KENYA.

TEL: 0758-362-003 E-mail: info@daimasaccoltd.com

PIN No. P051097536G

PAYBILL No. 874950

LOAN NUMBER

TENDER LOAN APPLICATION AND AGREEMENT FORM

A. PERSONAL INFORMATION

1. MEMBERS NAME
2. ID. NOMOBILE NO.....
3. MEMBERS ADDRESSM/NO.....
4. PHYSICAL LOCATION OF THE BUSINESS.....
5. MEMBERS SAVINGS A/C NO.
6. VILLAGESUB-LOCATION
7. LOCATIONDIVISION
8. POSITION IN SOCIETY/COMMITTEE/MEMBER/OFFICIAL/EMPLOYEE
9. PIN/NO
10. PERIOD IN MONTHS WHEN BUSINESS STARTED.....
11. TYPE OF BUSINESS.....

B. LOAN APPLICATION AND REPAYMENT AGREEMENT

IHEREBY APPLY FOR A LOAN OF KSHS.
AMOUNT IN WORDS
FOR A PERIOD OF MONTHS TO BE REPAYED ININSTALMENTS OF
KSHS..... COMMENCING ON THE NEXT MONTH.

C. PURPOSE FOR WHICH THE LOAN IS APPLIED (IN CASE OF SEVERAL USES OF THE LOAN, STATE THE EXACT AMOUNT FOR EACH CASE).

1.KSHS
2.KSHS
3.KSHS.....

D. SECURITY WHICH I OFFER FOR THE LOAN IS (N.B. WHERE TITLE DEED IS GIVEN AS SECURITY, IT SHOULD BE CHARGED WITH THE SACCO AND VALUATION REPORT SUBMITTED TO THE SACCO.

S/NO.	NAME OF ITEM	DESCRIPTION	SERIAL NUMBER (IF ANY)
1.			
2.			
3.			
4.			
5.			
6.			

In the event of default in payment of this loan I expressly pass the authority to Daima Sacco to attach or reposes my property shown in the schedule there above for sale by way of profit sales or public auction as security for this loan to recover the principal amount of loan and interest which will be due.

I hereby authorize the necessary deductions including interest which is subject to change in line with the prevailing market conditions to be deducted from my savings account held in this Sacco towards my loan repayment. I shall not change my Pay – point or fail to deposit money in my savings account for loan recovery purpose or open another account in other financial institutions having not cleared my loan with Daima Sacco Limited.

I also declare that am not indebted to any other Sacco Society, bank loan or loan agency to an extent of not being able to pay this loan. I also give authority to Daima Sacco to check my credit worthiness from the Credit reference bureau and also share the positive data about this loan. In case of default, I also authorize Daima Sacco to list my account as non-performing account with default history.

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the by-laws of the society, the loan policy and discretion by the credit committee in respect of section (b) above.

Applicants SignatureDate

E. LOAN GUARANTEE

I/We the undersigned hereby accept jointly and individually the liability for the repayment of the loan in the event of borrower’s default. I/We understand that the amount in default may be recovered by an offset against my/our shares in the Society or by attachment of our property or any other monies at the reach of the society and that we shall not be eligible for loans unless the amount in default has been cleared in full.

F. PRINCIPAL GUARANTOR SPOUSE/GUARDIAN

NAME

ADDRESS

MOBILE NOID. NO.

SAVINGS A/C NO.....

RELATIONSHIP

SIGNATURELEFT THUMBPRINT



OTHER GUARANTORS

1ST NAME

1. ID. NO.MOBILE NO.

2. ADDRESS

3. MEMBERS SAVINGS A/C NO

4. GUARANTOR TOTAL DEPOSITS

5. VILLAGESUB-LOCATION

6. LOCATIONDIVISION

SIGNATURELEFT THUMB PRINT

DATE



2ND NAME

1. ID. NO.MOBILE NO.

2. ADDRESS.

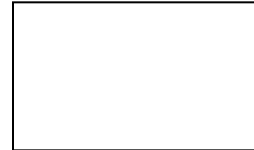
3. MEMBERS SAVINGS A/C NO

4. VILLAGESUB-LOCATION

5. LOCATIONDIVISION

SIGNATURELEFT THUMB PRINT

DATE



3RD NAME

1. ID. NO.MOBILE NO.

2. ADDRESS.

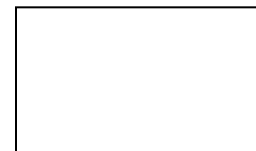
3. MEMBERS SAVINGS A/C NO

4. VILLAGESUB-LOCATION

5. LOCATIONDIVISION

SIGNATURELEFT THUMB PRINT

DATE



4th NAME

1. ID. NO.MOBILE NO.

2. ADDRESS.

3. MEMBERS SAVINGS A/C NO

4. VILLAGESUB-LOCATION

5. LOCATIONDIVISION

SIGNATURELEFT THUMB PRINT

DATE



FOR OFFICIAL USE ONLY

ELIGIBILITY CALCULATIONS:

1. TOTAL DEPOSITS KSHS.
OTHER LOANS

1)

2)

3)

AMOUNT CURRENTLY REQUESTED

TOTAL LOANS

APPRAISED BY: NAME

DESIGNATION

SIGNATURE

DATE

AMOUNT APPROVED KSHS.

(In words)

BRANCH MANAGERSIGNDATE

CREDIT MANAGERSIGNDATE

C.E.O.SIGNDATE

REPAYMENT PERIODINSTALMENTS PER YEAR /MONTH

INTEREST RATEPER YEAR.

EXPECTED DATE OF COMPLETION

Approval by the Credit/Management Committee Minute No.Date

CHAIRMANSIGNDATE

C/MEMBERSIGNDATE

C/MEMBERSIGNDATE