



AFYA SACCO SOCIETY LTD.
P.O. Box 11607-00400, NBI.
TEL: 2223970/59/50/61 - FAX: 2212941

FOSA COMMERCIAL / PERSONAL LOAN

APPLICATION AND ACCEPTANCE FORM (TO BE USED BY MEMBERS OF AFYA SACCO SOCIETY LIMITED)
(Please complete as appropriate using block capital letters)

DATE OF APPLICATION.....

A. APPLICANT'S PERSONAL AND EMPLOYMENT DETAILS

Surname First Names

Date of birth ID/No: PIN

Employer Terms of Service (Permanent, Temporary, Contract)

Date of Employment:..... Designation

Payroll/Employment No: Department Code/No:

Work Station Province..... District

Present Address P. O. Box Code Town

Office Tel No: Personal Cell phone No:

Gross Pay; Kshs. Net Pay; Kshs.

B. LOAN DETAILS

Original **Top-Up** **Refinance** **2nd loan** *(Tick as appropriate)*

Loan applied for Kshs:(Amount in words) Kshs.

Purpose of Loan Repayment period Monthly payment Kshs:

Current outstanding loans/Advances/Surcharge;

Lending Institution (Specify Bank or Sacco)	Outstanding Loan Balance	Repayment Amount	Comments

Total Monthly Deductions Kshs

C. BORROWER'S DECLARATION

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief. I agree to abide to the society's loan policy. I also authorize necessary deductions to be made from my salary as repayment for this loan. I also declare that incase the employer delays the deductions, I will be paying personally to the AFYA SACCO FOSA by cash or through M-pesa every month until action is taken by the employer to avoid accrued interest being charged on a dormant loan .

AFYA SACCO M/No..... FOSA Branch FOSA Account Number

Date..... Signature

Witnessed by Sacco branch Official

Name ID No Tel:.....

Signature.....

D. GUARANTEE

In Consideration of guaranteeing the above or any lesser amount that may be approved, we the undersigned herewith accept Jointly and severally the liability for repayment in the borrower's default. We understand that the amount in default may be recovered as an offset against our shares in the society or by attachment of property or salary.

(i) Name.....Address
PIN..... Payroll/Employment No:FOSA Acc. No.....
ID NoSignatureMobile No:.....Date.....

(ii) Name.....Address
PIN..... Payroll/Employment No:FOSA Acc. No.....
ID NoSignatureMobile No:.....Date.....

(iii) Name.....Address
PIN..... Payroll/Employment No:FOSA Acc. No.....
ID NoSignatureMobile No:.....Date.....

(iv) Name.....Address
PIN..... Payroll/Employment No:FOSA Acc. No.....
ID NoSignatureMobile No:.....Date.....

Loan secured by collateral must be accompanied by the appropriate / acceptable security

Attachments

- 1. A copy Of National ID card 2. Three latest original pay slips 3. A copy of PIN 4. Copies of Guarantors Ids
- 5. Copy of Title deed or any other acceptable security if loan is secured by such.

E. ACCEPTANCE BY BORROWER

Terms accepted by borrower (Tick as appropriate)

Accepted Not accepted

Authority to the Employer to recover loan through check off system

I,whose particulars are as shown above, do hereby accept the loan on the terms and conditions contained herein and hereby give my employer..... of P.O. Box(Postal code)..... (Town)Irrevocable authority to deduct from my salary the principle and interest **of the approved amount per month for the period of the loan** and remit the same to the AFYA SACCO and in the event of termination from employment for whatever reason authorize my employer to deduct and pay any outstanding loan and interest from my final dues to AFYA SACCO.

Borrower's name:Signature: Date:

F. DECISION (For Official Use Only)

i) Recommend by SACCO-FOSA Commercial/Personal Loans Department/Section.

I certify that the information regarding shares and outstanding debts and guarantor's details are correct as per attached documents and recommends a loan of Kshs..... (In figures) in words Kshs.

Repayment PeriodMonths Monthly Repayment Kshs.....

I certify that the above information is correct

NameSignature.....Date.....

We confirm that the applicant is a member of AFYA SACCO and we recommend/not recommend him/her for the loan.
(To be signed by authorized SACCO signatories)

FOSA Manager: (Name:).....Signature..... Date

Operations Manager Banking: (Name:).....Signature..... Date

ii) Approving Authority (Tick as appropriate)

Approved Not Approved

Loan Amount approved. Kshs.....Term (months)

Interest rate%; Monthly Repayment amount Kshs.....Negotiation fee: 2.5 %

Approving Authority

GM-Human Resource & Admin: (Name:).....Signature.....Date

Chief Executive Officer: (Name:).....Signature.....Date

Minute numberDate