

# P.O Box 52072 - 00200 NAIROBI TEL: 0207608700 Website: www.ushurusacco.com Email: info@ushurusacco.com

MEMBER'S LOAN APPLICATION AND AGREEMENT FORM OFFICE REF.NO..... DATE..... **PART A: BIO DATA** Name of Applicant: **Employment No:** Age: Employer & Address: Station: Designation: Mobile Tel: E-mail: **Gross Monthly Salary:** Position held if a Director or Staff: Terms of Employment (tick appropriately) Permanent Contract **Probation** Temporary If not permanent, indicate the period of Contract, Probation or Temporary appointment months. SASA Account Bank Transfer (Attach a bank transfer form) Mode of Payment: **CERTIFICATION BY EMPLOYER** I certify that the above details of the applicant are correct to the best of my knowledge. Signature ...... (Please use official stamp) **PART B: CONDITIONS FOR LOAN** 1. Loan application form must be fully completed. 2. Copies of two (2) latest payslips must be attached. In the event of failure to service loans, the Society shall have a right of lien on the members shares ,deposits and any other payments due from the Society Loanee gives authority for any loan balances at retirement to be deducted from retirement benefits. 5. Amount approved may vary from amount applied subject to qualification after appraisal. No applicant shall be allowed to suffer deductions in excess of two thirds of their basic salary. 7. No member shall guarantee more than three-and-a-half (3½) times his/her deposits Members applying for loans above 500,000/= (five hundred thousand) will be required to pay an extra RMF Premium of 1.5% before disbursement. Members loans cleared by third parties including financial institutions will attract 10% commission on the loan balance 10. Terms and conditions for Shujaa and Mpoa loan are circulated on the website. 11. Any loan requires bridging/clearance MUST be indicated on the section provided (LOANS TO BE CLEARED BY THE SACCO) **PART C: LOAN DETAILS** I wish to apply for (please tick where appropriate) Normal **Emergency** Tiba **FOSA Pride** Refinancing Shuiaa Fosa Salary Advance (No Guarantors) Iongea School Fees Almasi Stahiki Salary Advance on check-off (No Guarantors) Amount (figures) Loan Duration (Months) Monthly Contributions after this loan Amount (Words) PART D: SECTORAL LENDING INFORMATION (MANDATORY) Please indicate the specific purpose of the loan and the applicable sector. Click on this link for more information https://ushurusacco.com/images/Sectoral-lending.pdf Purpose of the loan Sector PART E: LOANS TO BE BRIDGED/CLEARED BY THE SACCO

Tiba

Jongea

FOSA Salary Advance

Salary Advance on check-off

Fosa Pride

MPoa

Please tick the loan(s) you intend to bridge/clear.

Emergency

Shujaa

Almasi

Normal

Refinancing

School Fees

## PART F: COLLATERAL/GUARANTORS DETAILS

We pledge our shares and deposits with the Society and any earnings with our current and future employer(s). We further understand that the defaulted amount(s) may be recovered by an offset against our deposits in the Society or by the attachment of our salaries or properties and that we shall not be eligible for loans unless the amount in default is equal to shares owned by the defaulter.

P/No	NAME	ID/No	Tel	Amount	Signature
				Guaranteed	
ART G: DEC	CLARATION				
oan Applica	ant				
	of	ID Number	hereby declare tha	t the particulars given in thi	is application for
re true to t	he best of my knowledge	In connection with this applic	cation and/or mainta	ining a credit facility with l	Jshu ru Sacco Lto
uthorize Us	shuru Sacco Ltd to carry o	ut the credit checks with or ob	otain my credit inforr	nation fro m a Credit Refe	rence
ureau. In th	he event of the account g	oing into default, I consent to	my name, transactio	n and default details being	g forwarded to C
		ormation may be used by banl			
	me, associated compan	ies, and supplementary accou	int holders and for o	ccasional debt tracing and	I fr aud prevent
urposes.					
gnature		Date.			
		Dute.		•••••	
Vitness					
Name		ID/NoSign	ature	Date	
ADT 11. FO	OFFICIAL LICE ONLY				
	R OFFICIAL USE ONLY	witho guarantors is correct to	the best of my abilit	y as far as it can hio vorific	d from the
		by the guarantors is correct to conversation with the guaranto		y as fair as it can be verifie	u irom the
	•	_			
		Designation			
Comments (	If a n y )				
	Credit Manager		.1	_	.1
his membe	r qualifies for KShs	recoverable in	months at KShs.	Per mon	th.
Name		Sign	ature	Date:	••••
Comments	(If any)				
	_				
.E.O Approv					
lame		Signature	Date:		
Comments	(If any)				
	NAL AUDIT				
		has been awarded in accordan		_	
	Name	Signature	Date: .		
mments (If	f any)				



#### **APPLICATION FOR FUNDS TRANSFER**

## (To be filled in block letters)

Select transfer			
Internal transfer EFT	RTGS Date		
SENDERS DETAILS	RECIPIENT(S) DETAILS		
Account Name	Account Name		
SASA A/C No.	_		
ID Number	_		
Mobile No.	Account No		
Amount in Figures	Bank		
Amount in words	Branch		
	Mobile No		
Signature 2.			
FOR OFFICIAL USE ONLY			
Received By(Name and Signature)	DateTime		
Account Balance			
Transfer Processed By:	DateSignature		
Account halance			

### **TERMS AND CONDITIONS**

Remarks: \_\_\_\_\_

I/We hereby agree that the transfer is sent at my/our risk and that as long as the Society acts in compliance with this authorization, the Society shall be unconditionally indemnified in full by me/us against any costs. claims. losses or liabilities of any nature (direct or indirect) resulting from any act or omission in connection with the subject of this authorization including but not limited to any act or omission/delay on the Society's part in responding to instructions received by the Society.