



Trans Nation DT Sacco Ltd

Committed to Serve

CHAMA SELF-GUARANTEED LOAN APPLICATION FORM

GROUP DETAILS:

Name of the Group:

Postal Address:

Reg No:

Tel No:.....

Email:.....

Account No:

LOCATION OF THE GROUP

County.....Sub County.....

Ward.....Location.....

Sub Location.....

Name of Chief/Assistant Chief.....Tel.....

I certify that I know members of the group and they are of good conduct to access funds

Signature.....Official stamp

LOCATION OF BUSINESS

Township/Estate/Village.....Plot No/Street.....

AMOUNT OF LOAN APPLIED FOR

We Hereby apply for a loan of Kshs (in figures) (in words)

.....

SECURITY OFFERED FOR THE LOAN:

1). 2).....

PURPOSE OF THE LOAN:

1).2).....



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LOAN APPLICATION & REPAYMENT

We the undersigned, being validly elected members of the group hereby commit the group individually and jointly to repay the loan amount disbursed plus interest and processing commission in equal installments. We also confirm that the above information is true and authorize the Sacco to share information of our credit history with Credit Reference Bureaus

Chairperson.....Signature.....Date.....

Secretary.....Signature.....Date.....

Treasurer.....Signature.....Date.....

TERMS AND CONDITIONS:

- To be considered for the above facility the institution should have operated an active account with TN Sacco for the last six months.
- Ksh 100 CRB Charge.
- 2% upfront interest charge.
- Dully filled form and a copy of the above mentioned officials and signatories' national identity card copies signed at the back.
- Attach minutes by the BOM approving the borrowing of the loan with TN Sacco.
- Institutions must provide charged collateral with both the name of the institution and TN Sacco.
- Fully signed affidavit

Trans Nation Sacco Ltd reserves the right to cancel this contract and recover any outstanding loan and the interest therein from the institution deposits and the collateral provided or using any other legal means.

AUTHORIZED SIGNATORIES

1. NAME:..... ID NO:

TSC NO (If applicable):..... POSITION:

SIGNATURE..... DATE:

2. NAME:..... ID NO:



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TSC NO (If applicable):..... POSITION:

SIGNATURE..... DATE:

3. NAME:..... ID NO:

TSC NO (If applicable):..... POSITION:

SIGNATURE..... DATE:

SWORN ON This Day Of.....Year :

Before me

.....
(Magistrate / Commissioner Of Oaths)

4. NAME:..... ID NO:

TSC NO (If applicable):..... POSITION:

SIGNATURE..... DATE:

I/WE HEREBY DECLARE THAT AM /WE ARE AUTHORIZED SIGNATORY TO THE ABOVE ACCOUNT AND AM ALSO UNDER NO DURESS CONSENTING TO THE ABOVE CREDIT. I ALSO DECLARE THAT INFORMATION PROVIDED IN THIS FORM AND IN ATTACHED DOCUMENTS IS TRUE AND FACTUAL AND THAT I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS.

SWORN ON This Day Of.....Year :

Before me

.....
(Magistrate / Commissioner Of Oaths)

Terms and conditions apply

FOR OFFICIAL USE ONLY

Is the form completely filled and attachments provided.....

Amount Requested.

Amount Approved



Trans Nation DT Sacco Ltd

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Approved by:

Name:

Signature:

Confirmed by:

Name:

Signature:

BOARD OF DIRECTORS /CREDIT COMMITTEE (ratification)

Management committee minute No----- Date-----

Chairman's signature-----

Member's signature-----

Member's signature-----