

TRANS NATION SACCO LTD

P.O. BOX 15 – 60400, TEL. 630354, FAX 630538 - CHUKA

MICRO-CREDIT SELF GUARANTEED LOAN APPLICATION AND APPROVAL FORM. INSTRUCTIONS:

The conditions spelt hereunder are legally binding. You are therefore required to read the Terms and conditions stipulated herein carefully and then fill in the details accurately and truthfully.

- Fill in capital letters only
- Avoid cancelling, erasing and retracing
- Attach Certified ID copy of applicant

A) NAME OF APPLICANT

GROUP CODE:..... ID NO..... MEMBER NO:

BUSINESS LOCATION & ADDRESS

MOBILE NO.....LOAN PURPOSE.....

B) APPLICATION AND REPAYMENT:

I (Full Name).....

apply for micro self guaranteed loan of Kshs (In figures) (In words).....

..... only, recoverable in..... months

C) DECLARATION:

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the law of the Society, the loan policy and any variations by the credit committee in respect of part B above. I understand that I can only qualify for a maximum amount not exceeding 80% of my micro shares. I declare that I shall pay the total amount disbursed to me together with an interest of 12% p.a. I declare that I am not indebted by any other Credit society, bank or loan agency (except as listed herein) either as borrower or endorser. I am aware that I shall pay a monthly penalty of 10% for any delayed installment and 2% per month in case this loan is overdue until it's paid in full. I know that incase of clearing my loan, I shall pay the total amount and interest due for the loan disbursed to me.

Applicant signature,.....DATE,.....

Witness name (group official/member),.....ID NO,.....

Witness signature,.....

FOR OFFICIAL USE ONLY

Mf self guaranteed loan approved Kshs. _____

Loan issued by:

Name of the officer:,.....signature:,.....Date:,.....

Confirmed by:

Name of the officer:,.....signature:,.....Date:,.....