Trans Nation DT Sacco Ltd

Committed to Serve

LOAN APPLICATION AND APPROVAL FORM FOR MICRO-CREDIT.

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 copies of Applicant, Spouse, Witness and the main guarantor.**

PART A:

NAMES OF THE APPLICANT ……

NATIONAL ID NO…… NAME OF GROUP: ……

PERSONAL ACCOUNT NO. …… …GROUP CODE: ……..

P.O BOX …….. MOBILE NO :(**APPLICANT**) ……..……

SUBLOCATION. …… VILLAGE: ……..……..

NEXT OF KIN NAMES……

RELATIONSHIP ……

NATIONAL ID NO. …… NEXT OF KIN SIGNATURE……..

P.O BOX……..

MOBILE NO: (**NEXT OF KIN**)……..

NAMES OF CHIEF/ASS.CHIEF ……..

LOCATION/SUB.LOC……..STAMP/SIGN…… STAMPDATE……

TYPE OF BUSINESS ……

LOCATION OF THE BUSINESS.....

1, do hereby declare that the information I have given above is true and accurate and has been given under no form of duress, verbal or otherwise.

Signature of applicant …… Date ……..

PART B:

LOAN APPLICATION AND REPAYMENT

I(full name).....hereby apply for a loan of ksh(figures).....

(Amount in words).....only

For a period of.....months, to be in instalments of Ksh.....each month

Commencing immediately.

PURPOSE(S) FOR THE LOAN

(1)……(2)……

(3)……(4)……

PART C:
GUARANTORS:
GROUP'S NAME ……..

GROUP ACCOUNT NO. ……..

LOAN APPROVED BY THE GROUP (In words)……..

We the undersigned, agree to pledge our savings in our accounts, currently and any other subsequent deposits, as security for the loan issued to the above named person, or such part of it as may be granted, under the terms and conditions stipulated by our lender, TRANS NATION SACCO LTD, which we have read, understood and agreed upon.

NOTE: ALL MEMBERS TO GUARANTEE A MEMBER IN A GROUP MEETING BY SIGNING BELOW:

	NAMES OF GUARANTOR(MEMBER)	ID NUMBER	SIGNATURE	ACCOUNT NO.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

Signed by the members above in the presence of group officials signed below:

	POSITION:	NAME:	ID NO:	SIGN:	DATE:
1.	CHAIRPERSON	……	……	……..	……..
2.	SECRETARY	……	……..	……	……..
3.	TREASURER	…… ..	……	…….	…….

APPROVAL: We the officials of …..……Self Help/Women Group approve a loan of KSH……to the loanee by signing below.

	POSITION:	NAME:	ID NO:	SIGN:	DATE:
1.	CHAIRPERSON	……	……	……..	……..
2.	SECRETARY	……	……..	……	……..
3.	TREASURER	…… …	……	…….	……..

REPUBLIC OF KENYA

BELOW IS A LIST OF ITEMS TO BE ATTACHED IN CASE OF ARREARS OR DEFAULT:-

NO.	ITEM DESCRIPTION AND LOCATION	MAKE	MODEL	COLOUR	SERIAL NO. & RECEIPT	YEAR OF PURCHASE	CURRENT VALUE IN KSHS.
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

CERTIFICATE.

I …… ID NUMBER …… Of Box ……

……in the Republic of Kenya certify that I possess the above listed items in the event of my defaulting in the payment of loan advanced to me by **TRANS NATION SACCO LTD** of Kshs. …… In any part thereof give authority to either …… **…** **Women** / **Self Help Group** or **TRANS NATION SACCO LTD** to dispose off the said property and re-service such loan and part thereof or any balance owing from without prior notice to me.

Signed ……

LOANEE (LOAN APPLICANT)

Name of Spouse …….. Signature …….....

ID No. of Spouse …… Mobile number……Date ……

We the undersigned members, on behalf of ……..Self Help/Women Group have seen and examined the above properties and their values.

(1) **Chairperson (names) …… (Signature)……**

(2) **Secretary (names) ……. …… (Signature)……..**

(3) **Any other member (names) …… (Signature)……**

…4

REPUBLIC OF KENYA

IN THE MATTER OF OATHS AND STATUTORY

DECLARATION ACT CAP 15 LAWS OF KENYA

IN THE MATTER OF ……..SELF HELP GROUP

AND IN THE MATTER OF

TRANS NATION SACCO LTD

AFFIDAVIT

I …….of Post Office Box …..……
In the republic of Kenya make oath and state as follows:

1. That I am the holder of National Identity Card No. ..……..……and that I am the deponent herein.
2. That I am an active member of …… Self Help Group, a registered group under the Ministry of Culture and Social Services.
3. That **TRANS NATION SACCO Ltd** has agreed to extend loan facility to

Mr /Mrs/Ms

……

4. That I undertake to do all that which is under my power and ability to service such loan as may be advanced to me.
5. That I forego and surrender for sale (14 days after the loan is due) by way of Public Auction all my properties listed on the schedule of properties duly executed by me depicting my name, my signature and my Identity Card and showing the amount of loan advanced to me which schedule of properties shall be in the custody of **TRANS NATION SACCO Ltd** and copied to …….. **Self-help Group**. I also give authority to Trans Nation Sacco to share my credit information with **Credit Reference Bureau(CRB)** 14 days after my loan is in arrears or overdue. I shall also pay for all legal expenses and other incidental costs that may arise in case of any legal case filed against me by Trans Nation Sacco or.....self help group arising from this loan disbursed to me.
6. That all which is deepened herein is true to the best of my knowledge, belief and information.

Sworn by the said (Names) …… This ……

Day of …….. 200 ……

BEFORE ME:

…….. ……

MAGISTRATE/
COMMISSIONER OF OATHS

DEPONENT HEREIN
(Applicants signature)

…5

TRANS NATION SACCO LIMITED:

GUARANTORS FORM. (NON MEMBER)

I …… ID NO ……Mob. No……wish to pledge my Assets listed below as a security to the loanee …… of Kshs. …….. and that I understand that my property will be auctioned to repay the loan in case of default within 14 days.

BELOW IS A LIST OF ITEMS TO BE ATTACHED IN CASE OF ARREARS OR DEFAULT BY THE LOANEE:

NO.	ITEM DESCRIPTION AND LOCATION	MAKE	MODEL	COLOUR	SERIAL NO. & RECEIPT	YEAR OF PURCHASE	CURRENT VALUE IN KSHS.
1.							
2.							
3.							
4.							
5.							
6.							
7.							

NOTE: Additional items should be set on a different page and attached hereto.

SIGNATURE (Guarantor's) ……..DATE…….

SIGNATURE (Borrower) ……DATE…….

We the undersigned members, on behalf of ……Self Help/Women Group have seen and examined the above properties and their values.

(1)Chairperson (names) …… (Signature)……

(2)Secretary (names) ……. …… (Signature)……..

(3)Any other member (names) …….. (Signature)……..

In the presence of:- (Witness)
Name of witness …….....ID NO……SIGN…….....

Occupation…….....residence.....…….....

DECLARATION

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agreed 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 declare that I shall pay the total amount disbursed to me at an interest rate of 16% 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. **In the event I default in repaying the loan as per the terms and conditions outlined in this agreement, the Sacco reserves the right to initiate legal proceedings to recover the outstanding amount. As a remedy, the Sacco may exercise its right to auction any and all registered properties owned by the borrower, whether immovable or movable, to settle the outstanding debt. The auction process shall be conducted in accordance with the applicable laws and regulations governing such proceedings. The net proceeds from the auction, after deducting any applicable costs and fees, shall be applied towards the repayment of the outstanding loan amount. Any remaining funds shall be remitted to the borrower, or their legal representatives, as applicable. I acknowledge and agree to this provision as a reasonable measure for securing the loan and ensuring timely repayment. I hereby acknowledge and agree that, in the course of the loan recovery process, the Sacco may engage the services of auctioneers and debt collectors to facilitate the recovery of my outstanding loan. I consent to the collection, processing, and sharing of my personal data, as defined by the Data Protection Act of 2019, for the purpose of loan recovery**

APPLICANT SIGNATURE _____ DATE _____

WITNESS NAME (S) _____ ID NO. _____

WITNESS SIGNATURE _____ N/B: Witness to Sign the Affidavit page 6.

AFFIDAVIT ON REGISTRATION OF INSTRUMENT IN THE MATTER OF THE CHATELS TRANSFER ACT (CHAPTER 28 OF THE LAWS OF KENYA)

I **(Name of Witness) ……**…of **ID NO. ……**

In the Republic of Kenya make oath and say as follows:-

1. The paper writing hereto annexed and Marked "A" is a true copy of an instrument under the above-mentioned Act, and every schedule or inventory thereon endorsed or hereto annexed or therein referred to, and or every attestation of the execution thereof as made and given executed by **……... (full name of guarantor).**

2. The said instrument was made and given by the said **……...**

   (Full name of guarantor) on the **…… day of ……20……**

3. I was present, and saw **…… (full name of the guarantor)** duly execute the said instrument on the **……** day of……**……**

   200 ……at**…….. (state place where the execution took place).**

4. The said **…….. (full name of guarantor**) resides at **……. (place of residence)** and is **……**

   ……(Occupation).

5. The name subscribed to the said instrument as that of the witness attesting the due execution thereof by the said **…… (Name of guarantor)** is in my proper handwriting.

6. I am a **……. (Occupation)** and reside at **…… (place of residence).**

……
DEPONENT
(Witness's Signature)

SWORN AT …… THIS ……. DAY OF ……. 20 ……..

BEFORE ME:……

COMMISSIONER OF OATHS

……..

Trans Nation DT Sacco Ltd

Committed to Serve

(Formerly Tharaka Nithi Teachers SACCO Ltd)

CLIENT ASSESSMENT FORM:

A	**Client particulars (to be filled at Registration point)**		
	Unit of office:	Credit officer:	
	Group Name:	Group Code:	
	Membership No.:	Intake date:	
	Clients names:	ID No.:	
	Year of birth:	Marital status:	Ed. Level:
	Postal /Contact Address:		
	Residence. Give details:		
	Next of Kin:		
	Relationship:	ID No.:	
B	**Business assessment section (to be filled at the business site by the Credit Officer)**		
	Nature of Business:	Year started:	
	Business location (give details)		
	Business Ownership: (Self or Partnership) Tick one		
	No. of enterprises:		
	(a)	**(c)**	
	(b)	**(d)**	
	For which business do you seek this loan:		
	Is your business premises rented or owned?	If rented, How much do you pay monthly?	
	No. of employees? Full time:	Part time:	Non paid family:
	a) Initial capital / stock:		
	b) Current stock value:		
	c) Current Business Assets:		
	d) Average daily sales:		
	e) Total monthly sales:		
	f) Average monthly profit:		
C	**Other sources of income (specify) (a)** **(b)**		
	Amount of loan applied for Kshs.:		
	Reason(s) for the loan application:		
	Amount of loan approved/advanced Kshs.:		
	Recommendation by the Credit Officer:		
	APPROVAL BY CREDIT OFFICER: I certify that the application is within the policy of the Sacco: **Name……Signature: ……..Assessment Date;……..…..……**		