



NEW MILIMANI SACCO LTD, JUNCTION TRADE  
CENTRE 7TH FLOOR ACCRA ROAD  
P.O. BOX 21481-00100, NAIROBI PHONE: 0719 779 306  
Email: info@newmilimanisacco.co.ke  
www.newmilimanisacco.co.ke



## **GROUP SELF LOAN APPLICATION & AGREEMENT FORM**

(Must be completed in CAPITAL LETTERS)

### **A Applicant's Details**

Names: <i>(as per Registration Certificate)</i>		
Chairperson's Name:		Chairperson's ID No.
Treasurer's Name:		Treasurer's ID No.
Secretary's Name:		Secretary's ID No.
ID/Passport No. <i>(attach copy)</i>		Member No.
Mobile Phone No.		Residence:
Address:	Postal Code:	Town/City:
Business/Employer's Name:		Place of Business:
Field Officer Staff Number:	Field Officer Name:	

### **B Loan Details**

Amount Applied for <i>(in figures) KSH</i>		
Amount Applied for <i>(in words) KSH</i>		
<b>Purpose(s) of Loan:</b>		
<b>Security for the Loan:</b>	Applicant's Active Savings	<i>KSH</i>
	Special Deposit/Shares	<i>KSH</i>

### **C Preferred Disbursement Mode *(tick one)***

<b>Cheque Payment</b>	<b>Cash</b>	<b>Bank Transfer</b>	<b>MPESA</b>
-----------------------	-------------	----------------------	--------------

### **D Declaration**

We hereby confirm that we have the authority of our Group and we have read, understood and accepted **ALL** the terms and conditions. We agree to pay 2.0% as Appraisal Fee, 1.5% as Risk Fund, plus 1% loan processing fee in cash before the loan is disbursed. We confirm that the approved loan amount has been disbursed to us. We agree to repay the loan by Banker's Cheque, Standing Order, MPESA or in cash to the New Milimani Sacco. We are aware that if we delay loan repayment or we are in default we shall be charged a penalty of 10% for each delayed installment. We are also aware that in case of one (1) month continuous default our Group and our guarantors shall receive warning letters. We shall abide by New Milimani Sacco's by-laws and loan policies and to any policy variations that may be made from time to time. We further confirm that should our Group default, New Milimani Sacco should use any method available to it and not limited to the collateral used, our income, savings, shares and employment benefits in recovery of the loan. We also understand that upon default New Milimani Sacco is entitled to furnish our default information to a credit reference bureau without prior written consent.

#### ***Loan Applicant/Member***

Chairperson \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Treasurer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Secretary \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### **F Confirmation of Disbursement**

We \_\_\_\_\_ Member No. \_\_\_\_\_

have received the amount approved by the Credit Committee KSH \_\_\_\_\_  
in words *KENYA SHILLINGS* \_\_\_\_\_

SIGN \_\_\_\_\_ ID \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ TIME \_\_\_\_\_  
SIGN \_\_\_\_\_ ID \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ TIME \_\_\_\_\_  
SIGN \_\_\_\_\_ ID \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ TIME \_\_\_\_\_

**F Official Use Only**

Loan Number: \_\_\_\_\_

<b>Loan Eligibility</b>			Amount
Applicant's Active Savings	+		
Total Outstanding Loan Balance:	-		( )
Amount Eligible			

<b>Loan Details:</b>	Amount
Amount Eligible:	
Amount Approved:	
Interest Rate Applicable: _____ % per YEAR	
Loan Amount and Interest Amount Combined:	
Total Loan Charges: ( <i>Appraisal Fee 2% +Risk Fund 1.5% +Processing Fee 1%</i> )	
Amount Disbursed: ( <i>specify whether Staged or In Full</i> )	
Disbursement Date: ____ / ____ /20 ____	Disbursement Voucher No. <span style="float: right;">Voucher Bk. No.</span>

<b>Loan Repayment: Installments become due on the _____ day of every month</b>	Amount
Repayments start from: ____ / ____ /20 ____	Repayment Period: ____ Months

<b>Prepared By:</b>	<b>Name:</b>	<b>Date:</b>	<b>Signature:</b>	<b>Stamp/Remarks:</b>
Loan Officer:		____/____/20__		
<b>Checked by:</b>		____/____/20__		
Credit Manager		____/____/20__		

<b>Authorized By:</b>	<b>Name:</b>	<b>Date:</b>	<b>Signature:</b>	<b>Stamp/Remarks:</b>
Chief Cashier:		____/____/20__		
System Administrator:		____/____/20__		

<b>Approved By: (by either one)</b>	<b>Name:</b>	<b>Date:</b>	<b>Signature:</b>	<b>Stamp/Remarks:</b>
Chairman:		____/____/20__		
CEO:		____/____/20__		
Member Services Manager:		____/____/20__		
Chief Loan Officer:		____/____/20__		

<b>Archived By:</b>	<b>Name:</b>	<b>Date:</b>	<b>Signature:</b>	<b>Stamp/Remarks:</b>
Archivist:		____/____/20__		