

ELGEYO MARAKWET COUNTY YOUTH BUNGE SACCO LTD

P.O BOX 295, ITEN. TEL: 0705-419496

Email:emcbunge@gmail.com
Offices located at prime time building Iten

LOAN APPLICATION FORMS

A.MEMBERS PERSONAL DETAILS

SERIAL NO:

| 1.NAMES | ID NO | MOBILE NO |
|---|----------------------------------|-----------------------------|
| 2. MEMBERSHIP NOSUB COL | JNTYWAR | D |
| 3. AREA OF RESIDENCE/VILLAGE | SUB LOCATION | POSTAL |
| 4. BUNGE/GROUP | A A | |
| B.MEMBERS SAVINGS | (b) Last month sayings | (chc) |
| (a)Total savings | (b)Last month savings | (sns) |
| (b)Share Capital | | |
| C I O AN ADDI ICATION AND DE | DAVMENT | |
| C.LOAN APPLICATION AND RE | | |
| Amount of Loan requested | Period of repayment (mon | ths) |
| Monthly repayment (loan and interest) . | total inte | erest |
| Enterprise operating | Purpose of the lo | oan |
| (For bodaboda loan o<mark>nly</mark>) Type of Motor | bikeEngine capac | ity (cc) |
| Color | | |
| APPLICANTS DECLARATION | | |
| I declare that the following particulars a | ire true to the best of my know | ledge and agree to abide by |
| the laws of the society, the loan policy an | nd variation by the committee. | I declare that I am not |
| Indebted to credit or loan from bank or c | redit agency except as listed he | erein as borrower |
| or endorser. | | |
| NAME | ID NOT | EL NO |
| SIGNATURE | DATE | |
| E. REPAYMENT GUARANTEE | | |

We the undersigned hereby accept jointly or severally liability for the repayment of loan in the

Attach: Passport size photo, Copy of ID card and guarantors copies of ID Payment 1.Co-operative bank /coop agents - Account number **01134458070400**2. Pay bill number **877750**, account is your membership number

event of borrower's default. We understand that the amount in default may be recovered by attachment of our property or shares and we understand that we shall not be eligible to any loan till the amount is cleared in full.

GUARANTORS

| S/NO | NAMES | ID NUMBER | M/NO | SAVINGS | TEL NO | SIGNATURE |
|------|--------|-----------|------------|----------|--|-----------|
| 1 | | -62 | \ \alpha_1 | | and the same of th | |
| 2 | | W 1 100 | | 0 | | |
| 3 | _ (50 | | - 32 - | barren y | | |
| 4 | er per | S. Harles | Ser. | 100 5 | | - |

| - | EOD | OFFICE | A T | TICE | OBIT ST |
|----|------|--------|-----|-------|---------|
| н. | FUK. | OFFICE | AI. | HISE. | UNIX |

SACCO MANAGER.

A.BORROWERS DETAILS

2. NO OF LOANS ACCESSED......OUTSTANDING LOAN.....NO OF LOANS REJECTED.......

B. REASONS FOR ANY LOANS TATUS

| REASONS FOR REJECTION | Tick | REASONS FOR DEFERMENT | tick |
|----------------------------|---------|------------------------------|------|
| .Bad repayment history | | .Incomplete application form | |
| .Inadequate Savings | | .Inadequate funds | |
| .Outstanding loan balance | 40.2311 | .Membership period | |
| .Lack of proper guarantors | A WARRY | .Inadequate securities | |

DECLARATION

I.....have adequately checked the information above from the sacco

records and to the best of my knowledge it is true.

-CREDIT COMMITTEE

- 2. Commencement date.....voucher/cheque no.....voucher/cheque

DECLARATION

I/We.....have adequately checked the information above from

Sacco records and to the best of our knowledge it is true.

| S/NO | NAMES | DESIGNATION | ID NO | DATE | SIGNATURE |
|------|---------|-------------|-------|------|-----------|
| 1 | N/KIN/E | TOV | | | |
| 2 | 1/1/// | | | | |
| 3 | | | | | |

Attach: Passport size photo, Copy of ID card and guarantors copies of ID

Payment 1.Co-operative bank /coop agents - Account number 01134458070400

2. Pay bill number 877750, account is your membership number

ELGEYO MARAKWET COUNTY BUNGE SACCO

PART A: LOAN APPLICANTS DETAILS

| i Aiti A. | LOANATIERANTS | ETAILS | |
|-----------|--------------------------------|-----------------------|----------------------|
| Name of | f the app <mark>l</mark> icant | | Mno |
| Mobile ı | number | / | Email address |
| Postal a | ddress | postal code. | Town |
| Next of | kin | ID NO | Relationship |
| Next of | kin contacts | | San history |
| V | | and The second | |
| | PART B: LOAI | N DETAILS | |
| Type of | loan | Loai | n applied(ksh) |
| Loan ap | proved(ksh) | Tota | al savings(ksh) |
| Assets p | ledged as additional | securities | |
| sn N | lame of the asset | Quantity | Estimated value(ksh) |
| 1 | | 3//1/9/10 | |
| 3 | | | 4 |
| | | 40 march 1 / 1/1 / 57 | |

PART C: CONFIRMATION FROM CHIEF

| I confirm that tl | he above named perso | n is a resident of | Village, | |
|-------------------------------------|------------------------------------|--------------------------|------------------------|----------------------|
| | sub/location | location | | |
| Ward in Elgeyol in recovery of t | Marakwet.In case of de he loan. | efault, I will assist yo | our sacco in tracing t | the above person and |
| Name of the ch | ief | | | |
| Office telephon | ne no | Mobile no | | |
| Chief's Signatur | re | Date | IBO, | |

CHIEF'S OFFICIAL RUBBER STAMP

Attach: Passport size photo, Copy of ID card and guarantors copies of ID Payment 1.Co-operative bank /coop agents - Account number **01134458070400**