

GOOD FAITH SACCO SOCIETY LTD

P.O. Box 224 -00222, Uplands Tel: 0711 263398, 0708 414 490

info@goodfaithsacco.co.ke, www.goodfaithsacco.co.ke

SALARY LOAN APPLICATION FORM

1. Please attach t	the following					
a) a copy of ID	b) K	RA pin,	c) thre	e months' pay	slip and	d) six months
bank statemen	t (NB. Tick o	locument/s receiv	ved)			
PERSONAL DETAI	LS					
Member's name:				•••••		
Membership no		Id number		Pir	No	_
Date of birth		Marital Status.				
	<u> </u>					
Gender: male	female	Tel:				
Address:		Phy	sical ad	dress		
Period lived at current	t address	resident	ial statu	is (I.e. rented,	owned livin	g with
parents)		email				
Number of Dependant	ts					
Nationality						
MY BANK DETAIL	<u>S</u>					
Do you have an Accou	unt with Goo	dFaith Sacco? Y	es 🗌	NO		
Branch		Acco	unt No_			<u>.</u>
Number of years with	GoodFaith S	acco		<u>.</u>		
Existing Loans with C	GoodFaith Sa	cco Yes	NO			
Balance	Dat	e Drawn		Date Pa	aid	
b) Other Bank D	Details					
Bank Accoun	t Type	Facility take	n	Monthly Repay	yment C	Outstanding Amount
I						
II						
III						
IV						

(PLEASE ATTACH DOCUMENTARY EVIDENCE)

c) WORK DETAILS			
Name of Current Employer	No of Years	with Employer	Date of
employment			
Employers Address	Telepho	ne No	
Occupation	Contract Tenu	ıre	
Date when Salary is Receiv	ed		
Station	Designation	terms o	of employment (fulltime
or contract basis)	if contract:	1. Expiry date	
2. salary/income			
Gross salary/net salary (ksh)		
Other sources of income			
a,			
b			
Employers Physical address	S	Building	
Street no	County	Subcounty	
TownCountr	y	Telno	
Email			
2 nd /3 rd			
I would like to apply; Unse		Top up 🗀	
Amount Required Kshs		Loan Tenure (Months)
Purpose of Loan (Specify)	School Fees	Medical	
	Home Improvement	Plot Pur	chase
	Car	Other	
e) SECURITY OFFE	RED		
Description	est	imated market	
value			
f) REFEREES	Refe	ree 1	Referee 2
Non relatives			
Full Names			
Relationship			
No.of Years Acquainted			
Nationality			
Telephone No.(Home/office	e)		

Sign
Next of kin's name
Next of kin's name
P.O. BoxTel noEmailOccupation PART 2 Authority to Employer
PART 2 Authority to Employer
Authority to Employer
<u> </u>
I authorize my employer to deduct my loan installment from my salary, allowances and other ben
every month with immediate effect and pay the amount directly to GoodFaith Sacco
Signature of ApplicantDate
(Sign in presence of Sacco Official)
Confirmation by Employer
I confirm that the applicant is an employee of and that
details given above are true, and confirm having noted the instructions to deduct the monthly loan
installment of Kshs and remit the same directly to GOODFAITH SACCO
Account no 0690271655310 held with Equity Bank Limuru Branch
Employer's NameSignature
DesignationDate
Stamp
PART 3
FOR OFFICIAL USE ONLY
Is the Application compliant with the existing Product Profile? Yes \(\scale \) NO \(\scale \)
If NO List the exceptions
I
II
<u>II</u>
<u></u>
Recommended by: Credit Officer
Amount recommended Kshs
Reason
Signature Date Please note that offsetting of the loan product against your savings is NOT allowed

Signature Date Date

MANAGER