



GOOD FAITH SACCO SOCIETY LTD

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'IN FAITH WE GROW'

Please attach copy of ID.

Form NO:

ASSET FINANCING APPLICATION AND AGREEMENT FORM

A. PERSONAL DETAILS

Member's Name

Membership No..... I.D. Number TEL NO.....

Address

Position in the saving and credit committee – committee/member.....

B. LOAN APPLICATION AND REPAYMENT

I (Name) hereby apply for (asset).....

Worth Kshs Amount in words

..... Recoverable in months

C. PURPOSE FOR WHICH THE ASSET IS APPLIED

.....
.....

D. MY CONTRIBUTION TOWARDS THE FINANCING OF THE ASSET

.....
.....
.....

E. DEFAULT INFORMATION

Please be advised that your personal information and credit account details will be disclosed to the **CREDIT REFERENCE BUREAU** within ninety days (90 days) of default and to the **DEBT COLLECTOR** with whom a contract has been signed with the Sacco Society within one hundred and twenty days (120 days) of default.

These information may be used by other institutions that offer services or goods in credit in debt collection, assessing applications for credit and other facilities required by you, members of your household and associated business concern and for purposes of skip tracing and fraud prevention. *Be advised that any credit defaults will remain on your credit profile for up to **five years** from date of settlement.*

F. DECLARATION

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the laws of the society and loan policy.

Name of loanee

Signature Date

FOR OFFICIAL USE ONLY

CREDIT OFFICER

I have checked the particulars of this loan application for completion.

Checked by: Sign: Date:

Comment:

MANAGER

The applicant qualifies for (the asset) worth Kes

In words..... This is fully secured.

Confirmed by Sign Date

CREDIT COMMITTEE

1) Approve the Loan Application. Amount approved in Kes

In words:

Signature: Date:

OR

2) Reject the loan application (Reasons)

Application rejected by:Signature: Date:

CHAIRMAN

SIGNATURE: DATE: