

P.O. Box 83, Kerugoya Branch: 0724 256 461

Mwea Branch: 0722 781092 Kitengela Branch: 0711 356753

Email: info@ollin.coke Website: www.ollin.co.ke

Customer Care lines:

Kerugoya Branch:- 0707-555-802, 0707-555-863 | Mwea Branch:- 0707-555-863 | Kitengela Branch:- 0707-555-886, 0707-555-892

GUARDIAN LOAN APPLICATION FORM SCHOOLS / CHURCHES / ORGANIZED GROUPS

	Form No.			
A) INSTITUTION DETAILS:				
1.Name of Institution:		Y (6 4 9 Y (6		
2. Date Opened	PIN No	VAT No		
3. Location of the Institution	Т	el No.:		
4. Post Office Address:	Post Code:Em	ail Address:		
5. Town:	,			
B) ACCOUNT DETAILS:				
1.Name of the Account				
2. Account Number				
3. Date Opened				
C) APPLICANT(s) DETAILS: I/We the undersigned hereby apply for a loan	o of Voho		(amount in figures)	
(amount in words)				
Payable in				
on behalf of				
Name	Position held in Institution	ID NO.	Sign	
1				
2.				
3.				
4				
5				
F) SECURITY OFFERED				
1) Nature of security: 1) Property Title	2) Gua	rantors		
3) Fixed Deposit at Sacco	4) Sac	co Deposits	(†?) <u>((</u> ;†?)((
If security is not owned by the applicant indi	cate the following details relating	to the owner		
Name	ID No	Tel No		
P.O. Box	Code	Town		
If nature of security offered is property title indicate the following details				
Location of propertyLR No. (attach copy of title document)				
Nearest major town	Size (in acres)		,	

K) APPLICANT (S) DECLARATION

a) I/We hereby declare that:-

- i) The foregoing particulars are true to the best of my/our knowledge and belief and agree to abide by the laws of the society, the loan policy and any variations there on.
- ii) I /We hereby authorize the necessary deductions including the applicable interest to be made on monthly basis from my/our accounts as repayment of this loan.
- iii) As long as any such loan, shall be outstanding, I/we hereby assign all dues to the Sacco as additional security for the payment of the loan and any balance upon such payment to be credited to my/our account with the Sacco.

b) Loan Disclosure		
i) I/ We hereby authorize the Sacco to disclose an	nd/or obtain any information relating to my credit status	
to and/or from any Credit Reference Bureau or	any other institution or third party as it deems necessary.	
Name in the second seco	Sign Sign (Transfer of the state of the sta	
Name	Sign	
Name Manager M	Sign No (Y Y) (Y Y)	
Name	Sign	
K) GUARDIAN LOAN CONDITIONS: 1. Institution to open and run a Business Account	with Ollin Sacco.	
2. The Institution to contribute monthly deposits	through their account for atleast 3 months.	
3. Security for the loan will be deposits and / or g	guarantors.	
4. Maximum repayment period is 1 month.		
L) OFFICIAL USE ONLY a) Loan Appraisal i) Loan amount applied	repayment period_	
ii) Average monthly business proceeds (for the la	ast 3 months)	
iv) Loan Qualified Kshs		
v) Appraisal by: Credit Officer	Signature Date	
vi) Sanctioned by: Credit Manager	SignatureDate	
vii) Verified by: Internal Auditor	SignatureDate	