



P.O. Box 83, Kerugoya Branch: 0724 256 461
Mwea Branch : 0722 781092
Kitengela Branch: 0711 356753
Kiserian Branch : 0740 485382
Email: info@ollin.co.ke 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
Kiserian Branch:- 0740 485 382 | Kimana Satellite Office:- 0707 555 886 / 0748 031 196
Kianyaga Satellite Office:- 0748 034 334 / 0792 832 144

PREMIUM LOAN APPLICATION FORM

PART 1

A) PERSONAL DETAILS:

1. Member's Name:.....
2. ID/Passport No.....
3. KRA Pin No.....
4. Date of Birth.....
5. TSC/P/No/Account No.....
6. Branch.....
7. Mobile No.....
8. Email address
9. County.....
10. Postal Address
11. Code.....
12. Area of Residence.....
13. Occupation.....
14. Employer.....
15. Workstation.....

B) LOAN APPLICATION:

I (Name) hereby apply for a loan of

Amount in figures

Amount in words.....

Purpose of the loan

C) WHAT TO ATTACH:

- i) ID Photocopy
- ii) 2 Most recent Pay slips

D) APPLICANT'S DECLARATION & LOAN CONDITIONS:

a) I hereby declare that:-

- i) The foregoing particulars are true to the best of my knowledge and belief and agree to abide by the laws of the society, the loan policy and any variations thereon.
- ii) I hereby authorize the necessary deductions including the applicable interest to be made on monthly basis from my salary as repayment of this loan.
- iii) I hereby request and irrevocably authorize my employer to deduct on monthly basis from my salary the principle interest and costs as shall be advised by the Sacco and remit the same to the Sacco for such period as the Sacco shall advise from time to time.

iv) I hereby agree that I will personally remain liable to pay any installments of the loan and the entire loan not withstanding any delay or failure by my employer to deduct and /or remit the payments of the Sacco or any insufficiency therefore.

v) As long as any such loans shall be outstanding, I 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 account with the Sacco and I hereby request and authorize my said employer to pay out the said dues to the Sacco upon whenever they become due and payable unless otherwise advised by the Sacco

b) Loan Conditions:

- i) 0.5% Processing fee.
- ii) Risk Fund is 3.5% of loan qualified.
- iii) Maximum repayment period is 60 months.
- iv) 20% of the loan granted to be rolled back to deposits.
- v) A share capital of Kshs. 10,000/= to be deducted from the loan.
- vi) Interest rate on this loan is 14% p.a reducing balance.
- vii) This product is only available to new Ollin cutomers.
- viii) No loan top-up for this product.
- ix) Customer to submit duly signed irrevocable instructions from the employer & endorsed by Sacco Lawyer.
- x) Legal fees Kshs. 2500/= (Payable by loanee)

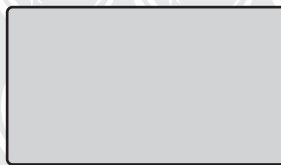
E) LOAN DISCLOSURE

(This part to be filled in presence of the Sacco Lawyer)

I hereby authorize the sacco to disclose and /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 of the applicant
 TSC No./P No. / Ac. No.....ID No.....
 Signature..... Date.....

In the presence of : Name of the Lawyer.....
 Official Stamp & Signature



PART 2

FOR OFFICIAL USE ONLY

Verification

Scanned by Name..... Signature..... Date.....

Loan Appraisal

a) Member Deposits Amount qualified

Appraisal by : Loan Officer..... Signature Date

b) Sanctioned by:Credit Manager Signature Date

c) Verified by: Internal Auditor..... Signature Date

d) Disbursed by..... Signature Date.....

NB: ANY ALTERATIONS OR CANCELLATIONS WILL NOT BE ACCEPTED