

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

Mwea Branch: 0722 781092 Kitengela Branch: 0711 356753 Kiserian Branch: 0740 485382

Kimana Branch: 0707 555 886 / 0748 031 196

Kianyaga Branch: 0758 576 624 Narok Branch: 0707 031 630 Thika Branch: 0790 271 036

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

OLLIN SUPA LOAN APPLICATION FORM

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PART 1	Form No.
A) PERSONAL DETAILS:	
2. ID Number /Passport No	
3. KRA Pin No	
5. TSC/P/ No./Account No	6. Branch
7. Mobile No	8.Email address
9. County	ldress
12. Area of Residence	13. Occupation.
14. Employer	15. Workstation
B) LOAN APPLICATION:	
I/We hereby apply for a loan of Kshs (Amount in f	igures)
(amount in words)	
Recoverable in	months.
C) LOAN CONDITIONS:	
I) Repayment period is 60 months	
ii) Loan risk fund of 3%	
iii) Interests is 1.125% p.m reducing balance iv) 0.5% upfront interest	
v) Deposit is 5X member deposits	
D) WHAT TO ATTACH: i) ID Photocopy	ii) 2 Most recent Pay slips
E) APPLICANT'S DECLARATION:	
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 in 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 installment 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 loan, 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

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i)	I hereby authorize the sacco to disclose and /or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain any information of the sacco to disclose and or obtain	mation relating to my credit status to and /or
	from any Credit Reference Bureau or any other institution or	third party as it deems necessary.
	Signature of the Applicant	Date

F) GUARANTORS' DECLARATION

I/We the undersigned agree to be jointly and severally liable for the repayment of the total amount due to Ollin Sacco Ltd by the borrower if and when he/she fails to repay the same within the time indicated above for the repayment of the loan and at any particular time there is default or payment due or when the entire loan becomes due and repayable and the same is not promptly honored to be offset against our deposits. We also confirm that the content of this loan agreement has been explained to us in a clear, simple and understandable language and that we have understood it's full meaning, purpose and agreed to the same.

G) GUARANTORS:

TSC/ P/No./ Ac/ No.	Guarantors Name	ID No.	Mobile No.	Place of Work	Signature	Deposits	Address
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PART 2

FOR OFFICIAL USE ONLY

Loan Appraisal

Member Deposits	Amount qualified	\(((\frac{1}{2}\)\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\2\}\)\(\frac{1}\2\)\(\frac{1}\2\}\)\(\frac{1}\2\)\(\frac{1}\2\}\)\	
a) 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