



P.O. BOX 83, TEL: 060-21921, 0724 256461, KERUGOYA

SAVERS LOAN 2024 APPLICATION FORM

PART A: Members Details:

APP NO. _____

Name _____

BR APP NO. _____

TSC NO. _____

Address _____

Telephone No. _____

Declaration:

I hereby apply for the above loan to be recovered from my interest on deposit as per the terms and conditions set forth by the Society.

Signature _____ IDNO. _____ Date _____

PART B: FOR OFFICIAL USE

(a) Deposit balance Ksh. _____

(b) Loan qualified (9.5 %) of the deposit Ksh. _____

(c) Net Interest (b-(20% x b)) _____

Prepared by _____ Date _____

Checked by _____ Date _____

Approved by _____ Date _____

PART C: Conditions

1. One must not be a defaulter in Bosa or Fosa.
2. One must attach ID photocopy.
3. The gross loan will be 9.5% of ones deposits
4. Interest rate applicable 20%.
5. Loan insurance/Riskfund 2.35%