



KENTOURS SACCO SOCIETY LTD

P.O. Box 79333 - 00200 Nairobi, Kenya
Telephone: 0709 309 000 Cell: 0722-968596, 0733-667596
Email: info@kentours.co.ke, Website: www.kentours.co.ke
1st Floor Commodore Office Suites, Kindaruma Road, Kilimani, Nairobi.

BANK LOAN BAILOUT APPLICATION FORM

Office R/No. _____ Date received in office _____

Before filling this from, please see notes on Page 4

A. PERSONAL DETAILS

Full Names _____ I.D/Passport No _____ (Attach Copy)

Physical Address (Home/Estate) _____ KRA Pin _____ E-mail: _____

Telephone (Private) _____ Age _____ Membership Number _____ Payroll Number _____

Bank loan (s) to be cleared (attach loan schedule Inclusive of Interest)

Bank Name (s) 1) Kshs

2) Kshs

B. LOAN DETAILS

Amount in figures: _____

Amount in words: _____

Repayment period (in months) _____ Purpose of the loan _____

Member's Signature _____

N/B: FORGERY IS A CRIMINAL OFFENCE

C. EMPLOYER DETAILS

Employer _____

Physical Address / Station _____ Office Telephone _____

Your Designation _____ Department _____

D. ALTERNATIVE CONTACT (should not be a spouse or guarantor(s) See Note 12)

Name: _____ Telephone No: _____

Email: _____ Relationship: _____

E. TO BE COMPLETED BY ACCOUNTS DEPARTMENT (applicant not authorized to sign)

Gross Salary _____ Outstanding Company Loans _____ Net Salary _____

Name _____ Signature _____

Designation _____ Official Stamp _____

Date _____

F. TO BE COMPLETED BY PERSONNEL DEPARTMENT

I certify that the company has no objection to this loan application and further agrees to effect the requirements of the loan agreement in favour of KENTOURS SACCO SOCIETY LTD

If there is any objection please specify.....

Name _____ Signature _____

Designation _____ Official Stamp _____

Date _____

NOTES:

1. Form must be filled in full and must attach a copy of ID or Passport.
2. Form must be filled in full.
3. The payslip must be current and signed/stamped by the employer. For individual member (not in employment), please provide 3 months certified bank statement (management may request for additional information).
4. Do not apply for more than three times your deposits, less any other outstanding Balance.
5. The Interest rate will be 1% per month if repayable in 1-48 months and the Interest rate of 1.10% per month if repayable in 49-72 months.
6. 5% processing fees will be charged on the amount applied. Payment cheque will be drawn to the respective Financial Institution.
7. For the purpose of loan approval, any cash deposits will be disregarded unless it has been with the Sacco for not less than six months.
8. Maximum loan to any individual will not exceed 12 Million or such other limits as may be approved by the AGM from time to time.
9. The Credit or Administration committee has authority to approve a lesser amount of loan than applied for, if the member does not qualify for the amount applied for.
10. Note that incomplete form will cause delay.
11. Cancellations / Alterations can cause delay in processing of the Loan application.
12. An alternative contact is a person through whom you can be reached besides your spouse or guarantor(s).
13. Interest is charged on the 20th of every month.

G. SECURITY OFFERED

Authority to Deduct My Salary, Hold My Deposit and Terminal Dues and Dispose My Securities

I hereby authorize the Society to deduct my salary to pay the amount of loan granted to me on monthly basis under the terms which the loan is given until it is cleared in full. Should I leave employment before completion of repayment, or default to pay, I hereby authorize the loan balance to be deducted from my deposits in the society, my terminal benefits, attaching any other property that I have given towards the loan, demand savings and guarantors.

Also, should I leave the current employment, I authorize recovery of any outstanding loan from future employment.

H. LOANEE DECLARATION

In connection with the application and/or maintaining a credit facility with Kentours Sacco, I authorize the Sacco to carry out credit checks with or obtain my credit information from, a credit reference bureau. In the event of account going into default, I consent to my name, transaction and default details being forwarded to a credit reference bureau for listing. I acknowledge that this information may be used by banking institutions and other credit grantors in assessing application for credit by name, associated companies, and supplementary account holders and for occasional debt tracing, fraud prevention purposes and for any other lawful purposes

Loanee's Name _____ Signature _____ ID/Passport No. _____ Date _____

I. GUARANTORS

i) Repayment Guarantee

We, the undersigned guarantors hereby accept jointly and severally liability for the repayment of the loan in the event of the loanee's default. We understand the amount may be recovered by an offset against our deposits in the society or by attachment of our salaries or properties and that we shall be liable for the defaulted loans to the tune of the amount guaranteed.

ii) Guarantors are **strongly advised** to read all the information provided in this form by the applicant and terms and conditions contained herein, so as to understand the full implications of signing this part.

	GUARANTOR NAME (Must be a Member)	EMPLOYER	ID NO.	PHONE NO.	M/NO.	STATE AMOUNT GUARANTEED		DATE	SIGNATURE
						Figures	Words		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

Loanee's Name _____ Sign _____ ID/Passport No. _____ Loan Amount _____ Date _____

Guarantors Verification (Kentours Office): Name _____ Signature _____ Date _____