



IG (INVEST AND GROW) SACCO LTD

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LOAN APPLICATION FORM

A. TYPE OF LOAN

BOSA

Normal loan, Haraka Loan, Jipange Loan, Automobile Loan, Fanikisha Loan, Prime Loan,

Others (Specify) _____

FOSA

Fosa Loan, Fosa Plus, Progressive Loan, Akiba Loan, Empowerment Loan

Others (Specify) _____

B. APPLICANT'S DETAILS

Name:	
Sacco Account No:	National ID/Passport No.
Membership No:	Cellphone No:
Payroll No:	Email Address:

C. LOAN APPLICATION AND REPAYMENT (Alteration in Section C is not allowed)

Amount of loan applied in figures _____ Amount in words _____

Repayment period in months _____ Existing Loans to be offsetted from the loan applied *(Specify)*

1.	2.	3.
4. Deposit Boosting	Amount _____	

D. MODE OF LOAN REPAYMENT

Check off ☐ FOSA Standing Order ☐ Bank Standing Order ☐ Paybill ☐ Cash ☐

E. PURPOSE FOR WHICH THE LOAN IS APPLIED

Main Purpose	Specific Purpose
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F. SECURITY OFFERED FOR LOAN

Salary/Pension ☐ Guarantors ☐ Collateral ☐

Others (Specify) _____

G. REPAYMENT GUARANTEE

We the undersigned hereby accept jointly and severally the liability for the repayment of this loan in the event of the borrower's default. We understand that the amount in default shall be recovered by an offset against our deposits in the SACCO or/and by the attachment of our property or/and salary, and that we shall not be eligible for loans unless the amount in default has been cleared in full.

No.	Name	Membership No.	ID No.	Mobile No.	Non Withdrawable Deposits KSh.	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

H. EMPLOYER DETAILS AND CONFIRMATION

Employer Name:	Payroll No:
Postal Address:	Cellphone No:
Employment Terms:	Maximum Retirement Age:

I. CONFIRMATION BY EMPLOYER

I confirm that the borrower is an employee of (Name of Employer) _____

And that the employment details given above are true and confirm having noted the instructions/request to deduct and pay monthly payment from the employee's monthly salary, and hereby take notice of the assignment of all the final terminal dues excluding pensions to the Sacco.

I recommend/do not recommend this loan application: (give reasons if not recommended):		
Employer Officer's Name:	Designation:	
Signature:	Stamp:	Date:

J. DECLARATION

I/We hereby declare that the foregoing particulars are true to the best of my/our knowledge and belief and agree to abide by the Act by Laws of the Sacco, the policy and any variations of the SACCO in respect of SECTION "C" above. I/We also agree that the SACCO shares My/Our Credit information with Credit References Bureau (CRB) both positive and negative. I/We hereby authorize the necessary recovery including interest applicable monthly, to be made from my salary/savings or otherwise, as payment of the loan.

I/We also declare that a default charge of one month's interest for every month in default on the outstanding balance be charged on me/us immediately if I happen to divert my/our salary elsewhere before completing repayment of the loan and the loan balance become summarily recoverable and that I will earn through FOSA for the time the FOSA loan is under repayment.

Signature:	Date:
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K. FOR OFFICIAL USE ONLY**(i) Confirmation of Details**

Name of Sacco Officer who called Employer:		
Name of Employer's staff contacted:		
Rank of Employer/Officer contacted:		
Sacco Officer's Name:	Signature:	Date:

(ii) Appraisal & Approval

	KSh.	Names	Sign	Date
1. Amount Appraised				
Monthly Repayment				
2. Amount Approved				
3. Amount Verified				
4. Credit Committee sitting on the day of the month of year				
i.				
ii.				
5. Amount Ratified				

L. RECOVERY

Loan Fed for recovery by Name:	Signature:	Date:
1 st Month of recovery	Loan Amount:	Monthly Recovery:
Delegates Name:	Sign:	Phone Number:

NIB: Attach copy of latest Payslip/Certified Bank Statement