| No. |  |  |  |
|-----|--|--|--|
| NU. |  |  |  |



**Tick Where Applicable** 

5.

# KEMRI CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED P.O. BOX 19643 - 00202 NAIROBI. TEL: 0713629194 info@kemrisacco.com

#### LOAN APPLICATION AND AGREEMENT FORM-Version 2024.1

### APPLICANTS MUST TAKE NOTE OF THE FOLLOWING REQUIREMENTS BEFORE COMPLETING THIS FORM

- 1. The applicant must complete the loan application form in full and any incomplete form will not be considered.
- 2. The applicant must have been a contributor for the last six months.
- 3. The applicant must enclose a copy of the **latest payslip** and **if employed on contract** a copy of the **current letter of contract** must also be enclosed. For members in employment.
- 4. A member, who makes a cash or cheque payment to increase their deposits, shall wait for at least ninety days before such payments may be considered in any loan application.
- 5. Should the total deductions exceed two thirds of the applicant's basic salary, the loan shall be reduced appropriately.
- 6. The total deposits guaranteed against the loan including the applicant's deposits must be equal to or more than the loan applied for.

10 working days processing period, Repayment-36 months,

- 7. The total loans held by any member shall not exceed **Three times** the member's deposits.
- 8. All loans shall be processed on a first come basis.
- 9. 1% Appraisal fees charged on the amount applied.
- 10 1% Insurance fees charged on the amount applied and every year on the loan balance.

# PART A: TO BE COMPLETED BY THE APPLICANT NB: IMPORTANT: WRITE YOUR NAMES AS APPEARING ON NATIONAL IDENTITY CARD (ID)

| 1         | Accelerated normal loan                                                                            | 16% interest charged upfront. Maximum loan X3 of deposits                                                                                                                                                                                                                                                                                                                                                  |  |  |
|-----------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| II        | Normal loan  Processed monthly, Repayment-36 months,12% interest(p.a),Maximum loan X3 of deposits. |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| III       | Super Normal loan                                                                                  | Processed monthly, Repayment-48 months, 12% interest (p.a), Maximum loan X 2 of deposits.                                                                                                                                                                                                                                                                                                                  |  |  |
| IV        | School fee loan                                                                                    | Processed 2nd week of the month, Repayment-12 months, 0.0133% interest (p.m), No more than one application/school term including refinancing. 10% instant interest charged upfront on loan balance upon refinancing. Maximum Ksh 300,000 in a single application and total of Ksh 900,000 in a calendar year but management reserves the right to adjust the loan issued subject to availability of funds. |  |  |
| V         | Emergency loan                                                                                     | Processed weekly, Maximum Ksh 100, 000, Repayment-12 months, 0.0133% interest (p.m). Three applications/year including refinancing. 10% instant interest charged upfront on loan balance.                                                                                                                                                                                                                  |  |  |
| 2.        | The balance of my deposi                                                                           | ts contribution at present is Kshs                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>3.</b> | PERSONAL PARTICU                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
|           |                                                                                                    | AgeDate of employment                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
|           |                                                                                                    | ork)Payroll No.                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
|           | -                                                                                                  | own)Phone NoEXT                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
|           |                                                                                                    | Mobile No                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
|           |                                                                                                    | KRA PIN No                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| 4.        |                                                                                                    | Bank                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
|           | Branch                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |

Other mode of payment: Open Cheque/Closed cheque or Bankers Cheque (NB: subject to appropriate charge) breakdown(ifany).....

Applicant's Signature.......Date.......Date.

### PART B:(1) TO BE COMPLETED BY GUARANTORS WHO MUST BE MEMBERS OF THE SOCIETY

We the undersigned, hereby accept jointly and severally liability for the repayment of the loan in the event of the borrower's default. We understand that the amount in default may be recovered by an offset against our deposits in the Society or by attachment of our salaries or any other benefits which may be applicable. We also accept that we shall not be eligible for loans unless the amount in default has been cleared in full .We also acknowledge that we may not borrow against the portion of our deposits used as loan guarantee.

| 1.        | (i) Name in Full             | ID No                                                                                                                                              |
|-----------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
|           | (ii) Employer                |                                                                                                                                                    |
|           | (iii) Terms of services: Te  | mporary/Contract/Permanent and Pensionable. Payroll No                                                                                             |
|           | (iv) Mobile No:              | Signature                                                                                                                                          |
| 2.        | (i) Name in Full             | ID No                                                                                                                                              |
|           | (ii) Employer                |                                                                                                                                                    |
|           | (iii) Terms of services: Te  | mporary/Contract/Permanent and Pensionable. Payroll No                                                                                             |
|           | (iv) Mobile No:              | Signature                                                                                                                                          |
| 3.        | (i) Name in Full             | ID No                                                                                                                                              |
|           | (ii) Employer                |                                                                                                                                                    |
|           | (iii) Terms of services: Te  | mporary/Contract/Permanent and Pensionable. Payroll No                                                                                             |
|           | (iv) Mobile No:              | Signature                                                                                                                                          |
| 4.        | (i) Name in Full             | ID No                                                                                                                                              |
|           | (ii) Employer                |                                                                                                                                                    |
|           | (iii) Terms of services: Te  | mporary/Contract/Permanent and Pensionable. Payroll No                                                                                             |
|           | (iv) Mobile No:              | Signature                                                                                                                                          |
| 5.        | (i) Name in Full             | ID No                                                                                                                                              |
|           | (ii) Employer                |                                                                                                                                                    |
|           | (iii) Terms of services: Te  | mporary/Contract/Permanent and Pensionable. Payroll No                                                                                             |
|           | (iv) Mobile No:              | Signature                                                                                                                                          |
| <u>PA</u> | RT B: (1I) CREDIT REF        | ERENCE BUREAU (The law requires that this part must be also filled)                                                                                |
| con       | nfirm that I have authorized | KEMRI COOPERATIVE SAVINGS AND CREDIT SOCIETY SACCO COOPERATIVE my credit information and to access my credit profile from Credit Reference Bureau. |
| Sig       | nature                       | Date                                                                                                                                               |
| Dec       | claration by the contact p   | <u>erson</u>                                                                                                                                       |
|           |                              | being the KEMRI SACCO contact person in do hereby declare that the loan applicant and the guarantors are personally                                |
| Kno       | own to me and to the best o  | f my knowledge, the details provided are correct.                                                                                                  |
| Sign      | nature                       | Stamp                                                                                                                                              |
| Dot       | te.                          |                                                                                                                                                    |

| II                                 | GUARANTORS (AS PER PART B:1)<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | M/NO.                                                      | AMOUNT<br>GURANTEED<br>KSHS. | TOTAL<br>DEPOSITS<br>KSHS. | SIGNATURE |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------|----------------------------|-----------|
|                                    | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                              |                            |           |
|                                    | 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                              |                            |           |
|                                    | 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                              |                            |           |
|                                    | 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                              |                            |           |
|                                    | 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                              |                            |           |
|                                    | 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                              |                            |           |
|                                    | Add applicant's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | shares Kshs.                                               |                              |                            |           |
|                                    | TOTAL SUM GUARANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EED KSHS.                                                  |                              |                            |           |
| <ol> <li>3.</li> <li>4.</li> </ol> | (a) If under temporary or contract term  The applicant is/is not under: Interdiction  The applicant has/has not been dismissed  The applicant has/has not been retired / return the applicant has/has/has/has/has/has/has/has/has/has/ | ns state expiry /Suspension. from service. esigned from se | date                         |                            |           |
| 5.                                 | The applicant has/is not attending / procedure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | eding for furth                                            | er studies abroad.           |                            |           |
| 6.                                 | The applicant has been paid his net salary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | for the month                                              | of                           |                            |           |
| 7.                                 | We recommend / do not recommend that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the applicant b                                            | e granted the loan for       | the following reason       | ons       |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |                              |                            |           |
|                                    | ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                              |                            |           |
| DE                                 | SIGNATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DEPA                                                       | RTMENT                       |                            |           |

OFFICIAL STAMP.....

### LOAN APPLICATION AND AGREEMENT FORM

## PART D: FOR OFFICIAL USE ONLY

| L / SF.L | / EL No                                                                                                                 |
|----------|-------------------------------------------------------------------------------------------------------------------------|
| App      | plication's position in society: Ordinary Member / Committee Member / Staff Member                                      |
| (i)      | The applicant's membership is within the common bond / not within the common bond                                       |
| (ii)     | If not within the common bond, the mode of repayment will be                                                            |
| (i)      | Qualification- Total deposits(Ksh)                                                                                      |
|          | Total outstanding loans including <b>instant loan</b> Ksh.  Amount currently requested Kshs.  Total loans will be Kshs. |
| (ii)     | (a) The applicant has requested / has not requested for recovery with constant Interest on reducing loan balance        |
| (11)     | (b) Amount chargeable for bankers cheque Kshs to be recovered from the loan applied                                     |
| म        | LIGIBILITY CALCULATION - TO BE COMPLETED BY LOANS OFFICER                                                               |
| (a)      | Member's basic monthly income is Kshs                                                                                   |
| (b)      | Repayment: First instalment Kshsfinal instalment Kshs                                                                   |
| a)       | Monthly repayment to the society including payments on loan requested will be Kshs.                                     |
| ŕ        |                                                                                                                         |
| (d)      | The guarantors cover the loan amount (Yes / No)                                                                         |
| (e)      | I certify that the application is/is not within the rules of the society.                                               |
|          | If not, state why                                                                                                       |
|          |                                                                                                                         |
| (i)      | CREDIT COMMITTEE                                                                                                        |
| Tot      | tal loan approved Kshs recoverable in month instalments                                                                 |
|          | ludingper cent interest per month on reducing balance.                                                                  |
| 1st      | instalment to be granted Kshs                                                                                           |
|          | instalment to be granted Kshs                                                                                           |
| 3rd      | instalment to be granted Kshs                                                                                           |
|          | <u>TOTAL</u> Ksh                                                                                                        |
| (ii)     | REASONS FOR DEFERRING LOANS                                                                                             |
|          | 1. Incomplete information, lack of supporting documents or submission of fake documents.                                |
|          | 2. Late submission of application form.                                                                                 |
|          | 3. Inadequate funds to meet loan demand.                                                                                |
| (iii)    |                                                                                                                         |
|          | 1. Inability to repay or bad repayment history                                                                          |
|          | 2. Loan not proportion to deposits                                                                                      |
|          | 3. Excessive loan frequency                                                                                             |
|          | 4. Lack of proper guarantors or security                                                                                |
|          | 5. Membership period                                                                                                    |
|          | 6. Uncleared outstanding loan (Lack of loan column)                                                                     |
| (2_)     | 7. Ineligible purpose(s)                                                                                                |
| (iv)     | REFERENCE Credit Sub-Committee Minute Noof meeting held on                                                              |
|          | CHAIRMAN CREDIT SUB-COMMITTEE: SIGNATURE                                                                                |
|          | SECRETARYCREDITSUB-COMMITTEE: SIGNATURE                                                                                 |
|          |                                                                                                                         |
|          | MEMBER CREDIT SUB-COMMITTEE: SIGNATURE                                                                                  |