# ALL SAINTS CATHEDRAL SACCO SOCIETY LTD P.O BOX 40539-00100 NAIROBI, TEL: 0720025362 INSTANT LOAN FORM

**PART A**

# PERSONAL DETAILS

Name of the applicant: Mr./Mrs./Miss/Rev/Dr.…………………………………………………………………………

ASC Sacco Membership No …………………………National ID Number (Attach a copy)……………………..

Telephone No ……………………. ...……Email Address ……………………………………………………………

Postal Address …………………………………………………Place of residence .......................................................

# PART B APPLICATION

I HEREBY APPLY FOR AN INSTANT LOAN OF KSHS. ……………………… (AMOUNT IN WORDS) ………………...………………………………

…………………………………………………………………………………………………………………………

…………… TO BE RECOVERED IN ………………. MONTHLY INSTALLMENTS OF KSHS .........................

Loanee Signature……………………………….. Date………………………..

**PART C**

**CRB AUTHORIZATION**

**I hereby confirm** that I have authorized the SACCO to share my credit information/access my credit profile for credit appraisal with licensed Credit Reference Bureau **(CRBs)**. I further release the **CRB, the SACCO** officers, employees and agents from all claims, actions or proceedings of whatsoever nature and howsoever arising, suffered or incurred in connection with this sharing and access for the purpose afore stated.

Signature of applicant…………………………………… Date …………………………

**PART D**

**APPLICANT’S DECLARATION**

I AGREE TO ABIDE BY ALL THE CONDITIONS GIVEN BELOW. THIS APPLICATION SERVES AS A MUTUAL AND VOLUNTARY AGREEMENT BETWEEN MYSELF AND THE SOCIETY AND WILL TERMINATE ON FULL SETTLEMENT OF THE INSTANT LOAN AND INTEREST

1. The Instant Loan will be settled using Monthly Instalment pay.
2. That my net pay will not fall below the repayment rate of the salary advance
3. I shall repay the amount advanced given within 3 months at an interest rate of 5% per month.
4. The interest rate is on reducing balance.
5. The Security for the Instant Loan shall be deposits
6. That I shall only apply for another Instant Loan after fully settling the Instant Loan balance.
7. That I shall attach a copy of my national ID.

Signature of applicant………………………………..…… Date ………………………………………………………

Witnessed by …………………………………………....... Date………………………………Signature………………

# PART E

# FOR OFFICIAL USE

Amount applied Kshs.......................................................................................

Date of Applicant’s admission to Membership:………………………………………………………………………….

No. of Months Contributions received: Kshs…………………………………………………………………………….

Total Contributions received:…………………………………………………………………………………………….

Outstanding loan (if any):………………………………………………Arrears(if any) Ksh ………………………...

Amount Recommended Kshs............................................

Interest rate………………….

Monthly installment……………………..

Manager’s Comments

1. ………………………………………………………………………………………………………………………
2. ……………………………………………………………………………………………………………………….
3. ……………………………………………………………………………………………………………………….

Credit Committee Recommendation:

Amount approved / not approved

1. Amount Approved: Ksh ……………………………………………………………………………………………..
2. Monthly Repayment Ksh. …………………………………………………………………………………………...
3. Interest Rate …………………………………………………………………………………………………………

Reasons for non approval……………………………………………………………………………………………………

………………………………………………………………………………………………………………………………

Credit Committee Chairparson……………………………. Signature ………………Date………………..

Credit Committee Secretary………………………………..Signature ………………. Date ………………

Credit Committee Member ………………………………… Signature ………………Date ………………