

KENCREAM SAVINGS & CREDIT CO-OPERATIVE SOCIETY LIMITED

Creamery House
Dakar Road Industrial Area
P.O Box 30131 - 00100
NAIROBI



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Or kencreamsacco@newkcc.co.ke

EXPRESS / WEEKENDER APPLICATION FORM

INSTRUCTIONS TO APPLICANTS

1. Complete this loan application form (PART A-C) in CAPITAL LETTERS. Any alteration MUST be countersigned.
2. Weekender loan is recoverable once and maximum is Kshs. 10,000 (Non Kencream members are eligible)
3. Express loan up to Kshs. 50,000 is recoverable within a maximum 5 Months.
4. Attach one recent copy of pay slip and copy of ID/Passport for purpose of appraising this application.

A: PERSONAL DETAILS

FULL NAME (as per the I.D)	
SACCO MEMBERSHIP NO:	ID/PASSPORT NO:
PLACE OF PRACTICE/ EMPLOYER	STATION
TERMS OF SERVICE	PAYROLL No:
Temporary /Contract/Permanent/Others - if contract attach contract letter.	

B: FULL MAILING ADDRESS & CONTACT DETAILS

P.O BOX	Home address	CODE	TOWN/CITY
TELEPHONE NO:		CELL PHONE	
EMAIL ADDRESS:			

C. APPLICATION DETAILS & DECLARATION

AMOUNT OF LOAN APPLIED FOR:	
AMOUNT (KSHS)	IN WORDS
No. of Months	
TYPE/PURPOSE OF THE LOAN (Express/Weekender)	

D: CREDIT REFERENCING

Kindly Note, by signing this form, you allow Kencream Sacco to share your credit information, both positive and negative, to any authorized credit reference bureau, and also to check your credit report for credit appraisal purposes.

Name..... ID.....

Signature..... Date.....

I hereby declare

- That the foregoing particulars are true to the best of my knowledge and belief, I agree to abide by the By-laws of the society; the loaning policy and any variations by the management committee in respect of the loan
- That I give authority to the present & my future employers to recover the loan plus interest from my salary / wages until the loan is repaid fully
- That I give authority to my current and future employees that in case I leave the common bond due to resignation, termination or otherwise when the loan is still outstanding to make such deductions from my salary / wages or benefits other than those safeguarded by the retirement benefit authority and submit on my behalf to Kencream SACCO Ltd to repay my balance
- I further declare that I have understood all instructions on this application form.

SIGNATURE OF APPLICANT: _____

DATE: _____

E: FOR OFFICIAL USE (Appraisal)

AMOUNT APPLIED (Kshs) _____ TOTAL OUTSTANDING LOANS (Kshs) _____

AMOUNT RECOMMENDED (Kshs) _____ OVER A PERIOD OF _____ MONTHS

I certify that the above applicant's details are correct and the same are existing in register to the society.

Appraised By: _____ Signature: _____ Date: _____

MANAGER/TREASURERS' COMMENTS:

This Loan may be granted / rejected for the amount of Kshs. _____ [in words] _____

_____ repayable in _____ months

Name: _____ Signature: _____ Date: _____

F: APPROVAL BY CREDIT COMMITTEE / TECHNICAL CREDIT COMMITTEE

We have today examined the above loan application and have decided as follows:

Loan approved (figures): Kshs _____ Repayment period _____ Months

Amount in words _____

This loan has been approved subject to following conditions OR Reject because of:

Sign: _____ Date _____

(Chairman Credit Committee / Technical Credit Committee)

Sign: _____ Date _____

(Secretary Credit Committee / Technical Credit Committee)

Sign: _____ Date _____

(Member Credit Committee / Technical Credit Committee)

OFFICIAL
CREDIT COMMITTEE / TECHNICAL
CREDIT COMMITTEE
STAMP

G: DISBURSEMENT DETAILS

Issued with Cheque No: _____ Date: _____

Prepared By Name: _____

Designation: _____

Sign: _____

Date: _____

OFFICIAL
PAYMENT STAMP