



FARIJI SACCO SOCIETY LTD

P.O BOX 589-00216 GITHUNGURI

CELL: 0727 398 699 / 0792790108

EMAIL:saccokcdf@yahoo.com / info@farijisacco.co.ke

WEBSITE: www.farijisacco.or.ke

(MOBILISING SAVINGS & CREDIT TO MEMBERS)

FRONT OFFICE LOAN APPLICATION AND AGREEMENT FORM

- A
1. APPLICATION FORMS NO.....
 2. APPLICATION NAME.....
 3. APPLICATION ADDRESS.....
 4. APPLICANT ACCOUNT NUMBER.....
 5. TYPE OF ACCOUNT SAVINGS/BUSINESS.....
 - ANY OTHER STATE.....
 6. I.D. NO.....
 - OCCUPATION..... TELEPHONE.....
- B
7. I/WE (NAME).hereby apply for overdraft/
Special advance of Kshs.....(amount).....
Recoverable in..... Months.
- C
8. Purpose for which overdraft / special loan is applied (in case of several uses state the exact amount for each use)
 - 1..... Kshs.....
 - 2..... Kshs.....
 - 3..... Kshs.....
- D
9. Security, which I offer for special advance / overdraft, is (tick whichever is applicable)
 - (a) **TEA EARNINGS:** monthly payment deduction. mini bonus deduction. final payment deduction.....
State Factory Buying centre number.....
 - (b) **MILK:** monthly deductions.....state society.....
Membership number.....

(c) **SALARY:** state employers name.....
 Employee personal number monthly salary
 deduction.....

(d) **BUSINESS** State business location.....
 Type of business.....
 Gross Monthly Turnover.....

(e) **MOTOR VEHICLE:** car registration no.....year of manufacture.....
 Engine no.....
 Attach:

1. Comprehensive insurance cover
2. Automobile association (AA) valuation report
3. Evidence of ownership (car log book) original
4. Duly signed transfer of M/V form in favour of the society

Amount requested Kshs..... amount approved.....

Securities - company amount requested.....

Amount requested Kshs..... amount approved.....

NAME	DESIGNATION	SIGNATURE	DATE
1	Chairman	.....	.....
2	Member	.....	.....
3	Manager	.....	.....
4	Accountant	.....	.....
5	Loan Supervisor	.....	.....
6.....	Prepared by	.....	.....

