

INVESTOBRAIN SACCO SOCIETY LTD

P.O Box 38772-00600 Nairobi
Tel: 020 8560127/8

LOAN APPLICATION FORM

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Name of Applicant	Physical Address	Membership Duration in the SACCO	Number of times borrowed from the SACCO
Membership No	Savings Account	Amount borrowed	Outstanding balance on previous loan
DI . N. I.			
Phone Number Marital status			
Number of Dependants			
Next of Kin			
Phone Number			
Physical Address			
Amount of loan applied for in Ks	h:	Amount	
Purpose for which the loan is re	quired		
Source of funds for servicing the	loan:		
Value of shares in the SACCO:			
Value of savings in the SACCO:			
Outstanding Loans In other In	nstitutions:		
Loan period (Months)		Consent by your s	pouse:
I undertake to repay the loan	of (Kshs) applied for with i	nterest thereon on
the date () agreed	d upon with the SACCO.	
Signature of Applicant:		Date:	
Guarantors: (Attach copies of 1).!,			VINGS , SHARES and
Other Sources Up to			
of the loan owed by the appl	icant to the SACCO	if the applicant fails to re	epay the loan granted
by the SACCO by the time it i	s due.		
Membership no:	•••••	Phone	No:
Physical Address:		Saving	s A/c
Signature:		Date:	



2) 1,		undertake to repa	y from my SAVINGS , SI	-IARES and		
Other Source	es Up toShs	(Amount in words:	••••••)		
of the loan o	wed by the applicant t	to the SACCO if the appli	cant fails to repay the lo	oan granted		
by the SACCO	O by the time it is due.					
Membership no:			Phone No:	Phone No:		
Physical Address:		Savings A/c				
Signature:			Date:	Date:		
3).1,		undertake to repa	ay from my SAVINGS , SI	HARES and		
Other Sources Up toShs (Amount in words:)						
of the loan o	wed by the applicant t	to the SACCO if the applic	cant fails to repay the lo	oan granted		
by the SACCO	O by the time it is due.					
Membership no:			Phone No:	Phone No:		
Physical Address:		Savings A/c	Savings A/c			
Signature: Date:				••••••		
	se only led by the Administrat evious borrowing fron					
Loan	Amount	Period	Current Status	Comment		
1						
2						
Administrative Officer's comments:						
Name :		***************************************				
	nittee Decision:					