

**KARIBU LOAN APPLICATION & AGREEMENT FORM**

**A. PARTICULARS**

1. Names as Per Id card: ..... Account No: .....
2. Date of Birth.....Age:.....ID.No: ..... Payroll No..... M/no.....
3. Employer & Address: .....
4. Amount applied Kshs..... In words ..... (Maximum: 100,000/-)
5. Purpose of this Advance..... (Attach Appointment Letter)

**B. DECLARATION:**

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the laws of the society, the credit policy provisions and any other variations by the Board of Directors. I do accept personal liability for the repayment of the loan amount until full settlement is done.

In case of default in repayment, the entire balance of the loan will immediately become due and will be attached in full to guarantors

**C. GUARANTEE** (To be completed by at least one guarantor)

Guarantors are strongly advised to carefully read all the information provided in this form by the applicant, terms and condition contained herein, so as to understand the full implication of signing this part. In consideration of the society granting the whole of the above loan or any lesser amount that may be approved, the undersigned hereby accept jointly and severally

liability for its repayment in the event of borrower's default. We understand that the amount in default may be recovered by an attachment of salary or savings and that we shall not be eligible for loans unless the amount in default has been cleared in full

PAYROLL	M/ NO.	NAME	BOSA DEPOSITS	

**D. CONSENT TO SHARE INFORMATION**

I \_\_\_\_\_ willingly grant consent to KITUI TEACHERS DT SACCO SOCIETY LTD to use any information that it may obtain about me in regards to this loan application in an appropriate manner as permitted by the society’s by-laws and other related laws of Kenya.KTS DT Sacco Society Ltd may also lawfully access my credit profile from credit reference bureau and share my information to credit reference bureau, guarantors, debt recovering agencies, investigating agencies and law firms with a view to recovering any debt due to the society from myself .

Applicant signature.....Date.....

Witness Name:..... Payroll No. ....M/No.....Signature.....

**FOR OFFICIAL USE ONLY:**

I hereby certify that the above member has qualified for Kshs: .....

1. Appraised by: .....Designation.....Sign ..... Date.....

2. Posted by: .....Designation.....Sign .....;..... Date.....

3. Verified by: .....Designation.....Sign ..... Date.....

**NOTES:**

*This product isfor the newly employed members.*

*Maximum amount is Kshs 100,000*

*Repayment period is 12months.*

*Processed instantly.*

*Applicant must attach: appointment letter, ID copy &posting letter from the employer.*

*Interest rate of 0.84% P.M*

*Applicant must commit to earn salary through FOSA*