



**METRO BORESHA BIASHARA LOAN APPLICATION FORM**

Membership No:.....

Loan No:.....

**1) Details of Applicant (s)**

Customer's Details			
Applicant's Name		Nature of Business:	
Date started:	Reg No./ ID No.	PIN No.	
Ownership: Limited Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Registered Group/Chama <input type="checkbox"/>
Churches <input type="checkbox"/>	Schools <input type="checkbox"/>	Other (Specify):	
Business Permit No.			

**2. LOAN PARTICULARS**

Amount applied for (Kshs)		Purpose	
Cost of project (Kshs)		Own contribution (Kshs)	
Repayment period		Monthly repayments (Kshs)	

**ACCOUNTS IN OTHER BANK/FINANCIAL INSTITUTION (S)**

Bank	Branch	Status (Dr/Cr)

(Attach bank statements)

**LOANS IN THE OTHER BANKS/ FINANCIAL INSTITUTIONS (S)**

Name of Bank	Amount advanced	Date advanced	Repayment Period	Outstanding Amt	Comments

(Attach bank statements)

**3. SECURITY DETAILS**

Type	Details	Estimated Value
1		
2		
3		

(NB: Attach copies of securities)

**4. GUARANTORS**

Names	M/No.	ID No.	Account No.	Telephone	Signature
1					
2					
3					
4					
5					
6					

## 5. DECLARATION

I/We hereby declare that the foregoing particulars are true to the best of my/our knowledge and belief. I/We agree to abide to the society's by-laws and loan policy. I / We further declare that I/We have understood the terms of this loan product and I/We hereby authorize **Metropolitan National Sacco Ltd** to credit the proceeds of this loan to my/our FOSA Account. I/We authorize the Sacco to carry out credit checks with or obtain my/Our credit information from/to, a Credit Reference Bureau. I/We do accept personal liability for the repayment of the principal and interest amounts until full settlement is done. In the event of the loan account going into default, I/We consent to My/Our name(s), transactions and default details being forwarded to a Credit Reference Bureau for listing. I/We acknowledge that this information may be used by banking institutions and other credit grantors in assessing applications for credit by me/us, associated companies and supplementary account holders and for occasional debt tracing and fraud prevention purposes.

Name of Director/Partner/Member	Telephone No.	ID No.	Signature	Date
1				
2				
3				
4				

Witness by Credit Officer: Name:..... Signature :.....Date.....

## 6. Business Checklist

- |   |   |
|---|---|
| <input type="checkbox"/> Certificate of Incorporation/ Registration Certificate   | <input type="checkbox"/> At least 4 guarantors.   |
| <input type="checkbox"/> Copy of PIN Certificate  | <input type="checkbox"/> Mandated resolutions to borrow and Directors/Group Officials personal guarantee. |
| <input type="checkbox"/> Memorandum & Articles of Association/ Partnership Deed   | <input type="checkbox"/> Proof of residence   |
| <input type="checkbox"/> Copies of Director's/Group Officials/ Proprietor's ID & PIN Certificate and passport size photo. | <input type="checkbox"/> Company's Tax Compliance Certificate.  |
| <input type="checkbox"/> Latest 6 months statements from Sacco or previous bankers.                                       | <input type="checkbox"/> Copies of Business Permit/ License   |
| <input type="checkbox"/> Audited accounts for last three years for amount exceeding 5 Million.                            | <input type="checkbox"/> Brief background information   |
| <input type="checkbox"/> Cashflow Projections for the period of the loan for amounts exceeding 1 Million.                 | <input type="checkbox"/> Security documents   |

## 7. DECISION (For Official Use Only)

### I) Recommended by SACCO – Credit Department

I certify that the information provided is correct as per attached documents and recommend a loan of Kshs..... (In figures) in words Kshs.....

Repayment Period .....Months.....Monthly Repayment Kshs.....

Name .....Signature.....Date.....

**We confirm that the applicant is a member of Metropolitan National Sacco Ltd and recommend/do not recommended him/her for the loan (To be signed by authorized Sacco signatories)**

Name .....Signature.....Date.....

Name .....Signature.....Date.....

### ii) Bank Decision (Tick as appropriate)

Approved  Not Approved

Loan Amount approved. Kshs.....Term (months) .....

Interest rate .....%; Monthly Repayment amount Kshs..... Negotiation fee: ..... %

### Bank officials

Name .....Signature.....Date.....

Name .....Signature.....Date.....