TARAJI SACCO LTD.
P. O BOX 605-40600,
SIAYA - KENYA.
EMAIL: info@tarajisacco.co.ke

Taraji sacco LTD
YOUR HOPES. OUR PROMISE.

*Serial No*_____

*Loan No*_____

A) FOSA LOAN PRODUCTS APPLICATION FORM B

NAME OF APPLICANT..... AGE.....

EMPLOYMENT No: ..... ID No: ..... MEMBER No: .....

FOSA AC/ NO..... MOBILE NO:.....

WORK STATION: ..... SUB COUNTY……..... ……

SUB LOCATION:..... ADDRESS:…….....……...……...

EMPLOYER:…….....……EMPLOYEE ADDRESS…….....……...……..

Type of the loan/advance applied ***(Tick loan applicable)***

1. FOSA FLEX (3 months) ☐
2. FOSA QUICK SERVE (10 months) ☐
3. FOSA SPECIAL (20 months) ☐
4. FOSA DEVELOPMENT LOAN (48 months) ☐
5. FOSA JIPANGE LOAN (24 months) ☐
6. SHUJAA (Pensioners only - 24 months) ☐
7. FOSA JIINUE (ECDE only 36 months) ☐
8. OTHER Specify_____

B) APPLICATION AND REPAYMENT:

I (Full Name).....apply for a above loan/ advance of Kshs (In Figures)

..... (In words).....

…….....……only, recoverable in ..... months.

Purpose…….....……

C) SECURITY OFFERED FOR THE FOSA LOAN:

1 ..... 2 ..... 3 .....

D) DECLARATION

1. I hereby state that I will continue to channel my salary to my account in Fosa at Taraji Sacco and will not change my salary pay point until the loan requested is fully repaid.
2. I hereby authorize the necessary deductions including interest in respect of the loan/advance I have applied.
3. In case of termination of employment I instruct my employer to deduct the balances outstanding together with other charges expenses incurred on my account to Taraji Sacco on the date from my final salary payment, leave, bonus pay and other termination benefits (excluding pension).
4. I understand that in the event I default in servicing the loan amount herein the Society reserve the right to share my credit information with other financial institution, public authorities and the licensed Credit Reference Bureaus, subject to any applicable law.
5. I hereby declare that the foregoing particulars are true to the best of my knowledge and agree to abide by the laws and the policies of the society.

Applicants Signature_____ **Date**_____

E. REPAYMENT GUARANTEE

We, the undersigned, hereby accept jointly and severally, liability for the repayment of this loan in the event of the borrower's default. We understand that the amount in default may be recovered by an offset against our deposits or attachment of our property, salary, FOSA deposits and other property owned by us.

NB: Guarantors MUST attach copy of ID

	M/Number	Name	Emp Number	Mobile Number	ID number	Signature
1.						
Amount Guaranteed in Figures:		in words:				
2.						
Amount Guaranteed in Figures:		in words:				
3.						
Amount Guaranteed in Figures:		in words:				
4.						
Amount Guaranteed in Figures:		in words:				
5.						
Amount Guaranteed in Figures:		in words:				

Witness' Name _____ **M /No**_____ **ID NO.** _____**Mob. No.**_____

Signature_____

F. FOR OFFICIAL USE

APPROVAL

Amount recommended by appraisal officer Kshs_____ to be paid in _____per month

Signature of the recommending Officer_____ Date_____

Amount approved by the approving Officer_____ Date_____

Signature of the Approving officer _____Date_____

Signature of the Authorizing officer _____Date_____

G. CREDIT COMITTEE

Credit committee minute No_____

Chairman's Signature _____ Date_____

1st Member Signature_____ Date_____

2nd Member Signature_____ Date_____