

MICRO FINANCE LOAN APPLICATION FORM

1. a) Individual details

Full names				
ID Number	Tel	MaritalSta	tus	Age
If married, Name of spous	e:	Spouse l	D No	
Spouse Tel No	Num	ber of Dependants/Chi	ldren	
Postal Address Box		County	Divi	sion
Location	Sub Lo	ocation	Villaş	ge
Nearest Church	Nearest	primary school		
Next of Kin name	-7	Relation	T	'el
Tel	Location			
b) Group Details:				
Group Name			Contact	Address
County	Location	6	Sub location	n
Name of the area Assistan	t Chief	Signa	&Stamp	Tel No
Contact Person			Геl. No	
2. Business Details;				
Name of Business				
State nature of Business e.	g Trade, Manufacti	aring,Service,Agricultu	re	Others
Location; Town		Estate/0	Centre	
Stock level	Average	e Sales per month Kshs	•	Average Expenses Ksh
	_	-		
Main Purpose of the loan_				
_				
Source of Capital invested	i in Business: Own	savings, wift, Family, F	riena, Bank, K	Kshs

Business P	remise Rental or owned?		
Education	Level (Highest attained)		
3. Busines	s Income and Expenditure details.		
Monthly B	usiness income Kshs		
Monthly b	usiness expenditure Kshs		
Monthly b	usiness profit Kshs		
Number of	loans received from Taraji sacco	Last loan received was Ksh	
Amount of	loan Applied for Kshs	_Words	
_	dmonths. Shares/Deposits Ksl	hWeekly/Monthly Lo	oan Repayments
What type	e of guarantee are you able to offer?		
4. Chatte	ls Transfer		
		Identification(Make/Model/Serial number/Colour etc)	costs.
		UII UII	
			TD
I hereby de laws and le	oan policy. I further declare that I have un	ue to the best of my knowledge and belief. nderstood the terms of this loan product.	•
signature.			· · · · · · · · · · · · · · · · · · ·
6. Guaran	tors (Group/Individual)		
		severally, liability for the repayment or amount in default may be recovered by	
mc 001101	ver sucraum. We understand that the a	amount in uciauit may de lecuveleu dy	an onset against out

deposits or attachment of our property, salary, FOSA deposits and other property owned by us. <u>GUARANTORS</u> **MUST ATTACH ID COPIES.**

No.	Name of Member	ID.Number	Cellphone No.	Amount Ksh.	Signature
1					
2					
3					
4					
5					
6					

7			
8			
9			
10			
11			
12			
13			
14			
15			
15			

7.	Group	official	•
	OLUUP	Ulliciai	L

Gro	oup do hereby confirm t	hat we have seen and
Signature	Da	te
Signature	Da	ate
Signature		ate
		Date
Words Ksh		
Area:	Sign	Date
(In words)		
Signature		Date
PeriodM	onthly/Weekly repays	ment Ksh
Signature		
Date	=	
Signature	Date	
Signature _	Date_	
	ature	Date
=		
	SignatureSignatureSignature	Words Ksh