



**ARCHDIOCESE OF NAIROBI  
CARITAS REGISTERED TRUSTEES**

**LOAN APPLICATION AND  
AGREEMENT FORM**

**ST. AUGUSTINE CATHOLIC  
SELF HELP GROUP, JUJA  
P.O.Box 32, 01001 KALIMONI  
Tel. 0720489024 / 0740863398**

Serial No: **08 20806**

**FOR OFFICIAL USE ONLY**

NAME OF SELF-HELP GROUP:

Applicant Membership Number (As per the system):	Loan Number (As per the previous credit history):
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Available Savings: Maximum Eligible Amount (3 times of available savings):

Received By: Name:	Signature	Date
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**APPLICANT INFORMATION**

Name of Applicant:			
National ID/Passport No:	M/No:		
Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widow <input type="checkbox"/>
Date of Birth:	Phone No:		
Physical Address:			
Area of Residence:	Town:	Estate/village:	
Residence: Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	Monthly payment if rented	
Email Address			

**SOURCE OF INCOME**

Employment/Business:	Employer/Business Address:	
Employer/Business Phone:	Position:	Period in Current Employment/Business
City/Town	County:	
Employer/Business Email:		

**AVERAGE MONTHLY INCOME**

Description: 1.	Amount: 1.
2.	2.
3.	3.

**LOAN APPLICATION**

Loan Product Applied For:  Development Loan:  Business Loan:  AgriBusiness Loan:  Education Loan:   
Emergency Loan:  Church Loan:

Purpose of the Loan: 1.   
2.  
3.

Amount Requested in Figures, Kshs:	Amount in words:
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Repayable in monthly instalments

**OTHER LOAN/DEBTS/OBLIGATIONS**

Description:	Amount:
1.	1.
2.	2.
Applicant Signature	Date

## TERMS AND CONDITIONS

**The Applicant must read the following terms and conditions before filling and signing this form;**

1. The Loan Application must be made on this official loan form, fully completed and appropriately signed by both the applicant and guarantors in their own handwriting.
2. The applicant must be willing to cooperate in the pre-loan application interview by the appraising officer.
3. Loans are granted in accordance with the self-help programme credit policy and lending conditions existing at the time of application.
4. The applicant must have paid their savings consecutively for a minimum period of six months prior to the date of application.
5. Any amount of money paid by a member to boost savings shall wait for four months before it can be used to secure a loan.
6. The amount applied for shall be fully covered by the applicant's and guarantors' savings.
7. The applicant must undertake to service the applied loan regularly without causing embarrassment and loss to the guarantors.
8. The self-help group shall contact the guarantors to verify their guarantorship consent.
9. A dormant member shall not be considered for any loan.
10. All loan applications for **Kshs. 1,000,000.00** and above must be accompanied by the current **6 months** bank statement and they will be subjected to the coordinating office for further approval after the executive committee approval.
11. Emergency loan is restricted to a maximum of **Kshs. 100,000.00** and will be granted with a maximum repayment period of 12 months supported by evidenced documentation.
12. School fees loan will be granted upon submission of a valid school fees structure and is repayable within **12 months** from the date of disbursement for primary and secondary schools and **24 months** for higher education institutions.
13. If a member decides to cancel his/her loan after the process has been finalized a fee of Kshs \_\_\_\_\_ /=- shall be charged.
14. Any alteration on the loan form may cause disqualification.
15. The applicant shall by completing this application authorize Caritas Nairobi through the applicant's self-help group to receive, share, provide and exchange applicant's credit information with Credit Reference Bureau(s).

I/we declare that I/we have **READ, UNDERSTOOD AND SHALL COMPLY** with all the **TERMS AND CONDITIONS** as contained in this loan application form, and the particulars I/we have given are true to the best of my/our knowledge and belief.

Applicant Name:			
Signature:		✓	Date:
Name:	✓	Member number (where applicable):	✗
Phone Number:	✓	Relationship:	✗
Signature:	✗	Date:	✗

## GUARANTORS

Guarantors to fill their details in the table below and should sign after the Applicant has indicated the amount applied and guaranteed both in figures and in words. (Borrower's savings must cover a third of the guarantorship)

Self-guaranteed amount Kshs:  Amount in Words:

Total amount from other guarantors Kshs:  Amount in Words:

(Note: Amount guaranteed must be equal to or more than the amount applied for subject to prevailing provisions)

### DISCLAIMER:

Guarantors are advised to read all information supplied in this form by the applicant and terms and conditions contained herein so as to understand the full implication of signing this part.

Please do not sign a blank application form. Ensure the applicant has indicated the amount applied both in amount and in words.

In consideration of granting the above loan or less amount that may be approved, we the undersigned accept jointly and severally liability for its repayment in the event of the borrower's default.

We understand that if the amount of loan granted above is defaulted, it will be recovered by an offset against our savings in the self-help group.

The loanee is well known to us and we undertake to guarantee this loan until it's fully paid.

M No.	Name in Full	Cell Phone No.	ID No.	Self-help Group Name	Amount Offered	Signature

Amount offered in words

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Amount offered in words

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Amount offered in words

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Amount offered in words

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Amount offered in words

### PERSONAL COMMITMENTS

I further pledge my future savings as additional security for the loan so approved in addition to my current savings. I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and I agree to abide by the self-help programme guidelines, self-help group by-laws, terms and conditions of the self-help programme credit policy and variations by the approving committee. I also consent to be referenced upon this application in a Credit Reference Bureau (CRB) and be listed in the same incase of default.

Signature:	<input type="text"/>	Date	<input type="text"/>

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#### GUARANTORS VETTING

MNo. (as per the system)	Name in Full (as per the system)	Total Current Savings	Existing Obligations	Available Savings (Free shares)	Amount Offered	Appraiser Remarks

The guarantors have been vetted and confirmed that their details including names, membership, ID numbers and signatures are conforming to the details held in our records/files and that they qualify to be guarantors as per the above table.

Comments by the vetting officer  
(Credit officer):

Names (in full):

Signature

Date:

### LOAN APPRAISAL (BY CREDIT OFFICER)

Loan eligibility has been computed in consideration of savings ability, income ability, ability to pay, character, viability and the amount guaranteed

Amount of loan recommended for approval:

Amount  
in Figures, Kshs:

Amount  
in Words:

Payable in Monthly equal instalment of Kshs per month.

Comments by the appraising officer (on this form and in the system):

Names (in full):

Signature

Date:

Designation:

Loan Appraisal Confirmed by:

Designation:

Signature

Date:

Designation:

### LOAN EXAMINATION AND APPROVAL BY EXECUTIVE COMMITTEE

We the executive committee have independently examined and satisfied ourselves that this loan has been granted in accordance with the self-help programme guidelines, self-help group bylaws and existing credit policy currently in place.

We have also confirmed that the proper loan processing has been followed in accordance with the self-help programme guidelines, self-help group bylaws and existing credit policy and hereby approve the applied loan for disbursement.

Chairperson Name  
(in full):

Signature

Date:

Treasurer Name  
(in full):

Signature

Date:

Secretary Name  
(in full):

Signature

Date:

Executive committee comments (approved, deferred, rejected):

### COORDINATING OFFICE FINAL APPROVAL (WHERE APPLICABLE)

Approving Officer's Name:

Designation:

Signature

Date:

Comments (approved, deferred, rejected):

### LOAN DISBURSEMENT

Payment Voucher No:

Cheque No./  
Mpesa Ref No:

Cheque Date:

Recipient Full Name  
(Must be the applicant):

Amount Received: Kshs:

Amount  
in Words:

Recipient Signature:

Date: