



PERSONAL FACILITY APPLICATION/ AGREEMENT FORM

(to be completed in duplicate)

The First Shariah Compliant Financial Institution In Kenya (Established 1998)



REF No. _____ DATE: _____

PART A: APPLICATION DETAILS

Name Of Applicant:	Type of Business/ Employment No:
Business Name:	Employer:
Address:	Station/Location of Business:
Tel:	Mobile:
E-mail:	Gross Monthly Salary/Business Income:
Employment/Business Position Held:	
Bank Account No:	
Bank:	Branch:

Certified by Employer/Business

I certify that the above details of the applicant are correct to the best of my knowledge.

Name: _____ Designation: _____

Date: _____ Stamp and Signature: _____

PART B: CONDITIONS FOR THE FACILITY

1. The facility application form must be fully completed.
2. Documents of existence for the asset(s) to be used as security.
3. The facility applicant shall pay all charges for authenticating the security presented.
4. Amount approved may vary from the amount applied subject to qualification after appraisal.
5. The applicant's security shall be charged in favour of the sacco and shall be discharged after repayment of the facility in full.
6. In the event of failure to service the facility, the society shall have a right of lien on the security, members share, deposits and any other payments due from the society.

PART C: FACILITY DETAILS

I wish to apply for: Original (Normal) Facility Refinancing 2nd original facility

Amount:
Amount(in words)
Purpose of the loan
Facility Duration(months)
Monthly Contribution after this facility

PART D: COLLATERAL/SECURITY DETAILS.

I Pledge my

(Name and details to the security) and the shares and deposits with the society and any earnings with my current and future employer and/or business. I further understand that the defaulted amount shall be recovered by redeeming the security and/or an offset against my deposits in the society or by the attachment of my salary or properties and that I shall not be eligible for another facility unless and until the amount in default is cleared.

Amount guaranteed/secured:

Signature _____

PART E: DECLARATION

I _____ of ID no. _____ hereby declare that the particulars given in this application form are true to the best of my knowledge. For the purposes of this application and maintaining a credit facility with Taqwa SACCO limited, I hereby authorise Taqwa SACCO limited to carry out credit checks for any past credit defaults on my part from the I credit reference bureau(CRB) should I Default in servicing this facility, I consent to my name, transaction and default details being forwarded to CRB for listing. I am aware that this informaton might be used by banking institutions and other credit grantors in assesing application for credit by me, associated companies and supplementary account holders and for occasional debt tracing and fraud prevention purposes.

Signature: _____ Date: _____

Witness

Name: _____ ID/No. _____ Tel No _____

Signature: _____ Date: _____

PART F: FOR OFFICIAL USE ONLY

I can confirm that the information given by the applicant is correct to the best of my knowledge as far as it can be verified from the available record, references and telephone conversation with the applicant.

Name: _____ Designation: _____

Comments: _____

Signature: _____ Date: _____

Appraisal by Credit Manager

The member qualifies for Kshs _____

Recoverable in Months at Kshs. _____ per Month

Name: _____

Comments: _____

Signature: _____ Date: _____

CEO's Approval

Name: _____

Comments: _____

Signature: _____ Date: _____

Checklist

1. Copy of National ID.
2. Passport Photo.
3. Business Registration Certificate.
4. Bank statements/payslips.
5. Copy of all attached securities/ logbook/title deed.

Credit Committee

We have on this day _____ considered the loan application and resolve that it be rejected/deferred/approval for Kshs. _____ recoverable in _____ equal _____ Monthly installments of Kshs. _____

Chairman: _____ Secretary: _____

Signature: _____ Signature: _____

PART G: DISPATCH/COLLECTION OF CHEQUES

I _____ have today dispatched cheques(s) Eft No/Eft/Cash _____ for Kshs. _____

Signature _____ I.D No. _____ Date: _____

PART H: INTERNAL AUDIT

I confirm/Do not confirm that this facility has been awarded in accordance with the laid down regulations

Name: _____

Comments: _____

Signature: _____ Date: _____