



ARCHDIOCESE OF NAIROBI
SOCIAL PROMOTION REGISTERED TRUSTEE
MEMBERS LOAN APPLICATION AND AGREEMENT
FORM

Members No. _____

NAME OF SELF - HELP GROUP _____

Serial No.: _____

APPLICANT INFORMATION

Name of Applicant (Mr/Mrs/Miss/Dr/Prof/Rev): _____

National ID/Passport No. _____

M/No. _____

Marital Status

Married

Single

Widow

Others

Date of birth: _____

Phone No: _____

Current address: _____

Area of Resident: _____

Town: _____

Estate / village: _____

Residence: Owned

Rented

Monthly payment or rent: _____

EMPLOYMENT INFORMATION (WHERE APPLICABLE)

Current employer: _____

Employer address: _____

Period in current employment: _____

Phone: _____

E-mail: _____

City/Town: _____

County: _____

Position: _____

Monthly income: _____

LOAN APPLICATION

Amount requested in figures Ksh. _____

In words _____

Repayable in _____ monthly instalments.

Purpose for which loan is requested 1. _____

2. _____

3. _____

OTHER LOANS, DEBTS, OR OBLIGATIONS

Description

Amount

OTHER SOURCES OF INCOME

Description

Monthly income

Signature of applicant _____

Date _____

DECLARATION

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the by-laws of the self- help group, the loan policy provisions and any variations by the Board of Directors of the social promotion registered trustee in totality, in respect of section above.

I also understand that the basic rules applicable to this application are as listed and understand the loan will be granted only according to these rules.

1. That I must have been a regular contributor for a minimum period of **six months**.
2. That I apply for a loan not exceeding three times my shares/short term savings in.....Self-help group which is subject to my ability to repay.
3. That the maximum repayment period for the loan I have applied for does not exceed 36 months.
4. That the guarantors must be members of the self-help group and have given both their membership and Identity card numbers together with ID copy. **(Guarantors must ensure that the amount in word and figures applied for tally before they sign the form).**
5. That I undertake to service my loan regularly without causing embarrassment to my guarantors.
6. Lump sum contribution for the purpose of securing loan from the self-help group can be considered only if such money remains in the self-help group for at least four months from the date of making such payment
7. Bulk clearance of loans is acceptable.
8. That emergency loan will be granted with a maximum repayment period of 12 months and the amount is currently restricted to Ksh. 100,000.00 subject to change.
This application must be supported by documentary evidence such as medical bills, burial permits, court orders in civil cases, e.t.c
9. That school fees loan will be granted to me on production of school fees structure and is repayable within 12 months from the date of disbursement. This excludes college fees, which shall be repayable within 24 months.
10. That the defective or incomplete loan applications once returned to members and re-submitted to the group after corrections will be treated as fresh, loan application.
11. That on a member being granted a loan, the member shall commence with monthly contribution as per the policy of the self-help group.
12. **That Development loan application form should reach the self-help group offices on or beforeof every month.**
13. Emergency/instant/education loans will however be processed as and when they are received.
14. **That I have attached to my loan application a clear copy of my ID and ID copies of all my guarantors to support it.**
15. That I have authorized the self-help group to contact my guarantors to verify their guarantor ship consent.
16. That I authorize Caritas Nairobi through my self-help group to receive, share, provide and exchange data with Credit Reference Bureau (CRB) and with other licensed financial institutions through the Credit Reference Bureau (CRB) or her authorized agent(s)

I declare that I have **READ, UNDERSTOOD AND COMPLIED** with all the **LENDING REQUIREMENTS** as contained in the loan application form and the particulars I have given are true to the best of my belief.

Applicant's

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

St Paul's Self Help Group
St Paul's Catholic University Chapel
University Way/State House Road
P.O. BOX 41512, 00100 NAIROBI
Mobile: 0707 774792



Email: info@stpaulshg.org

ST. PAUL'S SELF HELP GROUP LOAN AGREEMENT FORM

Loan No _____ Disbursement Date _____ CHQ No _____

A. Member Details

1. Member's Name _____ Membership No. _____
2. E-Mail Address: _____
3. Residence: Estate Name _____ Court Name _____ House No. _____
Street Name _____
4. Employer/Business Name (*If Self Employed*): _____
5. Employer/Business Physical Address: Building Name _____ Floor No _____
Office No _____ Town _____ Street Name _____
Office Telephone No. _____ Mobile: _____
6. Employer's/Business Mailing Address: Box _____ Code _____ Town _____
Office e-mail _____
7. Alternative contact: Name _____ Relationship _____
Postal Address & Code _____ Tel: Office _____
Home/Mobile _____ E-Mail: _____

B. Mode of Loan Disbursal.

By Cheque: Payee (*Loan Applicant*)

Account Number:

Bank / Branch Account Name:

C. Applicant Declaration

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the guidelines of the Self-Help Group Loan Policy and any variation by the Credit Committee in respect to loan applied for. The security that I offer for the loan is my salary, business profits, shares/deposits, guarantor's shares/deposits and any other benefits due to me from my employer and the Self-Help Group (e.g. dividends). I also take note that the Self-Help Group, through CARITAS, has partnered with KENYA CREDIT RISK BUREAU and in the event of default; legal actions and/or involvement of the said bureau shall be sought against me.

I (Full Names)do hereby acknowledge receipt of Kshs.....(Amount in words) as group guarantorship from St. Paul's Self Help Group which forms part of my total loan and I am obligated to repay it in full within the loan repayment period.

SIGNATURE OF APPLICANT _____ **Date** _____

WITNESS NAME _____ Membership No _____

Signature of witness _____ ID/ No. _____ Date _____

Tel: _____ EMAIL _____

Treasurer (Name) _____ Signature _____

Date: _____

NOTE:

Conditions for St Paul's Self Help Group guarantorship:

1. The guarantorship will be given on 2nd loan.
2. The member should be active at the time of loan application.
3. The member should not be a defaulter at the time of loan application.
4. The St Paul's Self Help Group guarantorship will be 25% of the total guarantorship achieved.
5. The St Paul's Self Help Group guarantorship will be subject to evaluation by the Management Committee.

FOR OFFICIAL USE, ONLY

D. Accounts Office

I certify that this loan application is within the Group's current Loan Policy and I recommend it be approved for

Kshs _____ Repayable in _____ installments at the rate of Kshs _____ Per month

Loan recommended Kshs _____

Previous Loan balance(s) Kshs _____

Interest/Charges Kshs _____

Net Amount Kshs _____

This loan application is forwarded to Credit Committee with the following comment(s)

Appraised and Verified by:

Accountant: Name _____ **Signature** _____ **Date** _____

E. Credit Committee Report

1. Loan approved: Kshs _____ No. Of Months _____ Monthly Installments Kshs _____
2. The first loan installment will be due on _____
3. If deferred or rejected, give reasons _____
4. Credit Committee Minute No _____ date _____

Chairperson's signature _____

Secretary's signature _____

Member's signature _____