

MAZINGIRA WELFARE ASSOCIATION
P.O. Box 10097- 00100 NAIROBI
TEL.NO. 0714-130269 NHIF BULDING
E-Mail address: info@mazingirawelfare.org
Website:mazingirawelfare.org.

EMERGENCY LOAN APPLICATION FORM 2 2022)

Requirements and Instructions

1. Applicant must have all parts(a-g) dully filled before submitting the form for consideration
2. All emergency loans shall be processed within one week from the day of submission.
3. The maximum loan shall be kshs.30,000.00 repayable within 12 months
4. Emergency loans shall only be granted on unforeseeable occurrences, with proof of relevant documents attached.
5. Only qualified members can be granted the loan (6 months old and above)
6. A member shall not apply for another emergency loan before full repayment of the previous one.

(a) APPLICANT'S PARTICULARS

1. Full Name Age
(As it appears in National ID/Card)
2. ID/NoPersonal No.....
Mobile No:.....Email Address:.....
3. Designation Net salary.....
(Copy of current pay slip attached)
4. Terms of ServiceCurrent Station.....
5. Ministry/Department.....
 - Parastatal/Project (Name).....

(b) LOAN PARTICULARS

- i. Loan applied for in Kshs.
Amount in words
- ii. Repayment Period(Maximum 12 Months).....
- iii. Purpose for Loan
- iv. Period of Membershipyears/Months(Quote year of joining)

(c) MODE OF PAYMENT:-

I prefer payment through my Account by way of EFT and my bank details are as follows:-

- Account Name:.....A/C No:.....
- Bank Name:.....Branch:.....
(NB: ATTACH COPY OF CARD SHOWING ACCOUNT NO.)

(d) **APPLICANT'S DECLARATION**

I declare that the information given in this form is to the best of my knowledge correct.
Name Signature
Date

(e) Recommendation by the Head of department/Departmental representative

.....
Name Signature
Designation Stamp

(f) **COMMENTS BY SALARY SECTION**

1. Verify the salary slip (Attached)
2. Confirm the net salary quoted by the applicant
3. Confirm the applicant's membership
4. Signed by Name Designation
5. Signature Date

(g) **IRREVOCABLE AUTHORITY BY APPLICANT**

I, Designation

P/No. in the Ministry of

Department of

hereby give you irrevocable authority to deduct from my dues (i.e. **salary, pension and any other dues**) any outstanding loan granted to me by Mazingira Welfare Association until the amount is fully recovered.

Signature: Date:

Witnessed by:

Name: Designation: P/No:

Signature: Date:

MANAGEMENT COMMITTEE

1. Approved/Not Approved Kshs Recoverable at
Ksh. Per month
Signature Date
2. Chairperson/Chairman