

NORMAL LOAN APPLICATION FORM 1 (2022)

Requirements and Instructions

1. Applicant must have all parts(a-g) dully filled before submitting the form for consideration
2. Normal loans application forms received by the end of the month shall be considered by 10th day of the following month.
3. The maximum loan for members above 5years shall be kshs.100, 000.00 and for members below 5 years shall be kshs. 90,000.00 repayable within 24 months
4. Only qualified members can be granted the loan (6 months old and above)
5. A member shall not apply for another loan before full repayment of the previous one.
6. Incase your loan is not recovered through the payroll one month after disbursement; please contact the office to avoid inconveniences.
7. Our bank account details;-**Mazingira Welfare Acct.No.1107652499-KCB MOI AVENUE.**

(a) APPLICANT'S PARTICULARS

1. Full Name Age
(As it appears in National ID/Card)
2. ID/No Personal 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(Maximum24 Months).....
- iii. Purpose for Loan
- iv. Period of Membershipyears/Months(Quote year of joining)

P.T.O

(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

