PIVOTAL WOMEN SACCO SOCIETY LIMITED

P.O. BOX 17334-20100, Nakuru
Email: pivotalwomensacco@gmail.com
Info@pivotalwomensacco.com
Website: http//pivotalwomensacco.com

Group Loan Application Form

GROUP INFORMATION

Group name:		
Group membership number	Number of group members:	Group registration number:
Contact number	E-mail address	Physical address

I. Type of the Loan Requested

(Please tick one)

Loan	Repayment Period	Tick
Development	48 months	
Business	36 months	
Business Tour	6 months	
Top up	As per loan type	
Refinancing	Remaining Period	
Restructuring	As per loan type	
Assets	48months	

II. LOAN APPLICATION DETAILS

Loan Amount applied figures:
Amount in words:
Type of Loan:
Purpose:
Repayment period:
Any Outstanding loan: (YES/NO) If Yes, indicate the type of loan and its balance:

III. GROUP DETAILS

Nature of the intended activity/business
Officials contacts: **Name** **Phone Number** **Signature** Chairperson- Secretary – Treasurer -

GUARANTORS

Amount of loan guaranteed Kenya Shillings ……
……..(Kshs…….)
(Note: Amount guaranteed must be equal to or more than the amount applied for)

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 deposits in the society or by attachment of our property or salary and that we shall not be eligible for a loan unless the amount in default has been fully cleared.

N/B. Attached herewith are copies of the individual's ID cards. For group guarantors, minutes signed by all members authorizing the amount guaranteed and its valid certificate of registration.

Individual/ Group	**PWS Number**	**ID/Certificate Number**	**Amount Guaranteed**	**Signature**

Certification and Group Guarantee

We the undersigned members of _____ (group name) hereby certify that the information given by the members is true, we further confirm that the members have complied with all the group rules and regulations. In the event Pivotal Women Sacco shall disburse a loan of Kenya Shillings
…….
(Kshs……) to the members and in consideration to such money being disbursed we undersigned members jointly and severally guarantee the Sacco the repayment of the loan by the members to the terms and conditions set out herein. In the event that members fails to meet the monthly repayment or default in repaying the loan for a period of 90 days, we jointly and severally undertake actions to forfeit our current and future savings as stipulated in the Sacco rules and regulations.

Position	Group member name	Amount Guaranteed	ID Number	Signature	Date
Chairperson					
Treasurer					
Secretary					
Member					
Member					
Member					
Member					
Member					
Member					
Member					
Member					
Member					
Member					
Member					
Member					
Member					
Member					
Member					

DECLARATION

We certify that the information contained in the application is true and correct to the best of our knowledge. We further authorize Pivotal Women SACCO to obtain information they may require relating to this application from employer, financial institution or any other relevant source. In the event of default, we duly authorize Pivotal Women SACCO to submit our credit report to Credit Reference Bureau (CRB)

Officer In-charge of the group :(Ensure all details provided by the group are correct)

NAME: _____ SIGN: _____ DATE: _____

Signed on behalf of the above group:

Chairperson (Name): _____ I.D.No_____
Sign_____

Treasurer (Name): _____ I.D.No_____
Sign_____

Secretary (Name): _____ I.D.No_____
Sign_____

ATTACHMENTS

- Group minutes signed by members stating that they are all in agreement for the loan application.
- Certified Bank Statements for the past 6 months.
- All members copies of ID should be attached.
- Certified copy of the group Certificate of Registration.

FOR OFFICIAL USE ONLY- APPRAISAL

Total deposits……. Total outstanding loans…… Loan Entitlement……..

Name…… Signature…… Date…….

CREDIT OFFICER

I recommend that this loan application should be accepted/ reduced/ rejected for the amount Kshs **……..…(.....)** repayable in …… months.

The loan application is rejected, or amount requested reduced for the following reasons: -

……

……

……

Name …… Signature…… Date……

CREDIT COMMITTEE

We have today examined the above application in conjunction with the above remarks and have decided as follows: -

a) Loan approved Kshs …….Recovered in…… Monthly installments

b) Deferred/rejected due to:……..

c) Credit Committee Minute number……

Chairlady's Name:……...…… Signature:…….. Date:……..

Secretary's Name:……...…… Signature:…….. Date:……..

Member's Name:……...…… Signature:…….. Date:……..

FINANCE

Amount dispatched…… Mode of payment…….……

Account details……..……

Name of dispatching officer:……...…Signature:…….. Date:……..