



Delivering Financial Freedom

UNIPHARMA SACCO SOCIETY LTD.

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LOAN APPLICATION AND AGREEMENT FORM (LONG TERM LOANS)

ATTACH THE FOLLOWING

1. Copies of the last two months Payslips
2. Copy of your National ID Card or Passport
3. Supporting documents where necessary
4. Letter of appointment if on contract

LOAN APPLICATION TYPE (PLEASE TICK THE LOAN YOU WANT TO APPLY)

TYPE OF LOAN	TICK	TYPE OF LOAN	TICK	TYPE OF LOAN	TICK	TYPE OF LOAN	TICK
NORMAL		DEVELOPMENT		EMERGENCY		NGARISHA HOMECARE	
INVESTMENT		SCHOOL FEE		COLLEGE FEE		INSURANCE PREMIUM	
BIASHARA		OTHERS					

FOR TOP-UP & REPURCHASING CASES (PLEASE TICK THE LOAN YOU WANT TO TOP-UP OR REPURCHASE)

TYPE OF LOAN	TICK	TYPE OF LOAN	TICK	TYPE OF LOAN	TICK	TYPE OF LOAN	TICK
NORMAL		DEVELOPMENT		EMERGENCY		NGARISHA HOMECARE	
INVESTMENT		SCHOOL FEE		COLLEGE FEE		INSURANCE PREMIUM	
BIASHARA		OTHERS					

A. I..... ID/PASSPORT NO:.....
(Bank Account Name in Block Capital Letters)

BankBranch..... Bank Account Number

Hereby apply for a loan of Ksh.....(amount in words.....)

for a period of _____ months to be paid in installments of Ksh _____ or as the Board may decide.

B. My particulars are as follows:-

1. Membership Number Payroll No.....
2. Current Address:..... Code.....
3. Tel.....Email.....
4. Physical Address.....
5. Employer's Name and Address
6. Present Net Salary /Income per month Ksh..... Monthly Expenditure Ksh.
7. Terms of Service: Permanent/Temporary/ Contract/ Pensionable/ Self Employed (Tick whichever is applicable)

C. PURPOSE(S) FOR WHICH LOAN IS APPLIED (If Business please specify business enterprise/incaese of several usage of the loan, state the exact amount for each use)

1. Kshs.
2. Kshs.
3. Kshs.

D. SECURITY OFFERED FOR THE LOAN

1. Shares/Deposits Kshs.
2. Salary Kshs.
3. Log Book (50% value) Kshs.
4. CDS Shares (50% value) Kshs.....
5. Other collateral security required by the society Kshs.....

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and I agree to abide by the By-laws of the Society, the loan policy and any variations by the Board in respect of Section A 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. I confirm that I have authorized Unipharma Sacco Society Ltd to access my credit profile and that this profile can be delivered to their e-mail/postal address indicated herein and hereby authorize Metropol CRB Ltd to mail/deliver/send my credit report to the e-mail/postal address indicated herein. I release Metropol CRB Ltd and Unipharma Sacco Society Ltd and its officers, employees and agents from all claims, actions or proceedings of whatsoever nature and howsoever arising, suffered or incurred in connection with Metropol CRB Ltd sending/delivering/mailling my credit report to the addresses that I have provided.
2. Members are limited to three times the sum of shares and deposit held, but subject to availability of funds.
3. No member will be permitted to suffer total deduction (including Savings, Loan repayment and interest) in excess of two thirds of his/her basic salary/income.
4. A member will be required to maintain a monthly share/deposit contribution depending on loan repayment period and loan amount contribution subject to the current requirements based on loan applied for and the repayment period.
5. Outstanding loans must have been cleared before a new loan is granted OR as per the standing policy guiding respective loan products. Members must read and adhere to loan conditions of respective products.
6. Members must have contributed for a minimum period of six consecutive months having a minimum share contribution of 5% of once basic salary or Ksh 1000/- whichever is higher.
7. Emergency and school fees loans will be granted with a maximum repayment period of 12 months and must be supported by documentary evidence. School fees Loans shall be paid directly to schools.
8. The guarantors must be members of the society and should not have acted as guarantors for more than three other loans.
9. Lumpsum contribution for the purpose of securing a loan can be considered only if such money remains in the Society for at least six (6) months.
10. Lumpsum loan repayment for the purpose of borrowing a new loan will have to wait for a period of three (3) months.
11. In case of default in payment the entire balance of the loan will immediately become due and payable at the discretion of the Board and all shares owned by the member and held by the member and any interest and deposits due to the member will be off set against the owed amount. The member will also be liable for any costs incurred in the collection by the debt collector for the loan balance and accumulated interest. Any remaining balance will be deducted from the member's salary and or terminal benefits and the employer is authorized to make all necessary deduction by authority of the member's signature appended below.
12. Applications must be received in the society's office on or before 10th of every month or last working day if 10th falls on a weekend or public holiday.

SIGNED

(Member) **Date**.....

(Signature)

Witnessed by **ID No.** **Membership No.**.....

(Name)

(Signature)

E. FOR OFFICIAL USE ONLY

COMPLETE THIS PART IN BLOCK CAPITALS: SHARES AND OUTSTANDING LOANS.

TYPE OF LOAN	BALANCE	MONTHLY REPAYMENT/ CONTRIBUTION	MONTHLY INTEREST	TYPE OF LOAN	BALANCE	MONTHLY REPAYMENT/ CONTRIBUTION	MONTHLY INTEREST
NORMAL				INSURANCE PREMIUM			
INVESTMENT				COLLEGE FEE			
BIASHARA				EMERGENCY			
DEVELOPMENT				SCHOOL FEE			
NGARISHA HOMECARE				OTHERS			

Current Unipharma Co-operative deductions = Kshs.

Total Deductions after new loans = Kshs.

ELIGIBILITY CALCULATIONS:

- 1. Total Savings Kshs X3 = Kshs.
- 2. Total outstanding loan = Kshs.
- 3. Maximum Credit (1-2) = Kshs.
- 4. Amount Currently requested = Kshs.
- 5. Members Basic Salary = Kshs.
- 6. Recurrent deductions including new loan = Kshs.
- 7. Two thirds of Basic Salary (Basic Salary / 3 x 2 or Net income x 0.66) = Kshs.
- 8. Amount recommended = Kshs.
- 9. Amount repayable within

The guarantors cover the loan amount, YES/NO.

I certify that the application is/is not within the Rules of the Society. If not, state why

Official signatureDate

F. CREDIT COMMITTEE

Loan approved Kshs..... Recoverable in

Installments, at an interest rate of 1% per month on a reducing balance.

Indicate the reason for Deferral or Rejecting by ticking the proper box

Reason for Deferred Loans

- 1. Incomplete information, or lack of supporting document
- 2. Timeliness
- 3. Renegotiate terms or purpose
- 4. Inadequate funds to meet loan demand
- 5. Lumpsum loan clearance
- 6.

Reason for Rejected Loans

- A. Inability to repay or bad repayment history
- B. Loan not in proportion to shares
- C. Clear outstanding loan
- D. Excessive loan frequency
- E. Lack of proper guarantors or security
- F. Membership period
- G. Ineligible purpose
- H. Lumpsum share/deposit contributions.
- I.

Credit committee minute No..... Date.....

Chairman’s Signature

Member’s Signature.....

Member’s Signature.....

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

EMPLOYER.....

EMPLOYEE NAME.....PAYROLL NO.....

Date.....

PAYROLL DEDUCTIONS FROM MY SALARY/PROCEEDS

SHARES Kshs.....

LOANS Kshs.....

OTHERS Kshs.....

TOTAL Kshs _____

I agree and authorize you to make deductions from my gross salary/proceeds as checked and indicated above to be remitted to..... Co-operative Society Ltd. to be credited towards my shares and loan account. From time to time the said society may advise you on any other deductions. The society’s instructions shall be taken as if given under my hand. These instructions shall remain in force unless altered by me in concurrence with the said society.

Employee Signature.....Date.....I.D No.....

EMPLOYER’S SECTION (Acknowledgment of irrevocable Instructions)

Signature..... Date

Designation

OFFICIAL RUBBER STAMP

SOCIETY’S SECTION

Received By: Signature:

Date:

Official Rubber Stamp.....

Form 2c

REPAYMENT GUARANTEE

We, the undersigned acting as guarantors for the loan requested on page 1 of the Application form, understand and agree jointly and severally that all loan interests and deposits with Unipharma Sacco Ltd. owned by us are hereby pledged as security for the said loan or such part of it as may be granted. In case of default in repayment by the loanee the Treasurer is hereby authorized to deduct any balance interest and cost appertaining to the aforementioned loan from the securities hereby pledged. Our particulars are as follows:

FULL NAMES	Member No.	Shares/Deposits pledged as loans guarantees	Existing loan Balance	ID No.	Signature	Witness Signature

ADDRESS
P.O BOX.....
Physical Address.....
Email Phone.....

ADDRESS
P.O BOX.....
Physical Address.....
Email Phone.....

ADDRESS
P.O BOX.....
Physical Address.....
Email Phone.....

ADDRESS
P.O BOX.....
Physical Address.....
Email Phone.....

Guarantors	Witnesses
ADDRESS	
P.O BOX.....	
Physical Address.....	
Email Phone.....	
Witness-Signature Member No.....	

Guarantors	Witnesses
ADDRESS	
P.O BOX.....	
Physical Address.....	
Email Phone.....	
Witness-Signature Member No.....	

Guarantors	Witnesses
ADDRESS	
P.O BOX.....	
Physical Address.....	
Email Phone.....	
Witness-Signature Member No.....	

Guarantors	Witnesses
ADDRESS	
P.O BOX.....	
Physical Address.....	
Email Phone.....	
Witness-Signature Member No.....	