

Date Received.....

Serial NO.....

# FAIDA ADVANCE LOAN APPLICATION FORM



UAMINIFU SACCO  
Pillar to prosperity

## A. PERSONAL INFORMATION

Members Name.....Payroll

No.....MNO.....

Work Station.....email address.....Mobile No.....

## B. LOAN APPLICATION & REPAYMENT

I .....Hereby apply for a Faida advance loan of Kshs.....[Amount in words].....only repayable in ..... months

### DECLARATION

I hereby declare the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the by laws of the Society, the loan policy and any variations of the credit committee in Section (B) above. I hereby authorize the necessary deductions including 2% per month for the term of the loan to be done from my Interest and Dividend receivable. I understand in the event of default on the Mloan the faida loan instalment will be effected from my pay slip or recovered directly from my bank account monthly. I recoverably authorize my Employer to deduct from my salary and terminal dues in case of leaving the Employment before loan clearance. I further commit to clear the loan in full within 1 month in the event of inadequacy or absence of terminal dues.

Signature.....ID Number.....Date.....

Witness.....ID Number.....Date.....

Supervisor [Name].....Signature.....Date.....

This Application form may be scanned and emailed to [uaminifuloans@kwftbank.com](mailto:uaminifuloans@kwftbank.com). The Scanned application shall be deemed to be the original document.

## C. Official Use Only

Previous year Interest on Normal Savings .....[kshs]50% of the previous year Interest on Normal Savings.....

Recommended Amount Kshs.....In words.....

Prepared by:.....Signature.....Date.....

Verified by:.....Signature.....Date.....

Approved by:.....Signature.....Date.....

Authorized by: .....Signature.....Date.....