

Plot 4686 Kisugu-Namuwongo  
P.O.BOX 8177, Kampala Uganda



Tel: +256 312 200 501  
Email: sacco@img.co.ug

## LOAN APPLICATION FORM

**Please read carefully and fill in all the required information in this form accurately**

Loan Application No \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** This form is to be filled out by all new and repeat Applicants when applying for a loan. Please hand in to SACCO Staff on completion

### CLIENT BACKGROUND

Full Names:		Email:	
National Identification Number (NIN):		TIN:	
Tel: Alt No.	Next of kin:	Next of kin No.	Next of kin(r/ship):

Designation .....Duty Station: .....location.....

### ADDRESS

#### Home Address

Village/Township:

Zone:

Road:

Plot No:

Telephone No:

#### Business Address

Village/Township:

Zone:

Road:

Plot No:

Telephone No:

### DIRECTIONS

Home Address

Business Address

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### LOAN REQUEST INFORMATION

#### NEW LOAN INFORMATION

1. Amount Requested:
2. Amount saved (attach statement for the last 3months):
3. Have you made mandatory monthly savings the last 3 months? Y/N
4. Is this a loan top?
5. Loan period:

6. Number of shares (by loan application date):
7. Purpose of loan:
8. Current employer if applicable:
9. Location/Address of employer:
10. Net monthly income:
11. Loan Against Shares or Savings?

#### (b) PREVIOUS C-CARE Staff SACCO LOAN

- amount:
- Date taken
- Period of loan
- Date of completion:

#### (C)EXISTING LOAN WITH ANY OTHER INSTITUTION

- Amount:
- Institution name:
- Loan Period:
- Balance of loan:
- Current deduction:
- Period left

#### Type of securities/Colateral to be offered:

(1) Salary (2) Shares/savings of 1/3 of the loan amount (3) Guarantors –at least 3. (5) postdated cheques

\* In case of any other security, please specify and attach copy.....

#### Repayment Guarantee.

We, the undersigned, hereby accept liability jointly and severally for the repayment of the borrower's loan in the event of default. We understand and hereby authorize C-CARE Staff Sacco that the amount in default maybe recovered by an offset against our C-CARE Staff Sacco deposits, by attachment of our property, salary and other benefits (as Sacco may in its discretion elect) equivalent to the amount we signed as guarantee.

	Guarantors Names (full)	Phone No.	Index No.	Amount saved	signature
1					
2					
3					

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**Application Fees and Deductions payable after approval of the Loan are none refundable to clients.**

1. Nonrefundable Loan Application Fee: **UGX 10,000**
2. Processing Fees: 2% of the Loan amount. ....
3. Loan protection fees: 2% of the Loan amount .....
4. Share Purchase: 1% of the Loan amount .....
5. Previous Loan Balance for Loan Top Ups .....
6. Net Cash to be Received on Cheque/Cash (Less of any bank transfer charges) .....
7. **Any other fees like Legal fees are to be determined and communicated at approval stage**

Deductions to be offset from Disbursed Amount: ☐ Deductions to be offset from Available Savings: ☐

#### **WAIVER OFFER.**

**C-CARE STAFF SACCO shall waive off 50% of the remaining loan interest in case of early settlement and 50% on loan top up, subject to terms and conditions.**

#### **COLLATERAL SECURITY .**

**C-CARE STAFF SACCO reserves the right to sell off the Land/any other Asset acquired for the borrower or provided as Extra Collateral security at a forced sale value should the Borrower default for four (4) subsequent payments.**

**This shall be subject to issuance of a notice of sale of Thirty (30) calendar days' written notice to the Borrower.**

#### **ACCEPTANCE**

I confirm that the information given by me above is correct and I have also read the terms & conditions governing the grant of loan application with C-CARE Staff Sacco as approved by AGM and C-CARE Staff Sacco procedure documents, and I agree to be bound by them should my loan application be approved.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Witness \_\_\_\_\_ Signature.....

(WITNESS TO APPLICANT'S SIGNATURE)

Department \_\_\_\_\_ Date \_\_\_\_\_

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

**(Managements staff)**

#### **CREDIT COMMITTEE**

1. Loan amount approved UGX. \_\_\_\_\_ in words \_\_\_\_\_  
\_\_\_\_\_ recoverable in  
\_\_\_\_\_ months

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**1. Reasons for Rejected Loan**

a). inability to repay	b). lack of proper guarantors or security	c). to clear outstanding loan first	d). inadequate information
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Other (please specify)

**CREDIT COMMITTEE APPROVAL (1<sup>ST</sup> approval is management)**

	Names	Signature	Date	Comments if any
1				
2				
3				
4				
5				