

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



Tel: +256 312 200 501  
Email: sacco@C-CARE.co.ug

## EMERGENCY 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:<br>Alt No.                       | Next of kin: | Next of kin No. | Next of kin(r/ship): |

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

### ADDRESS

#### Home Address

Village/Township:

Road:

Telephone No:

#### Business Address

Village/Township:

Road:

Telephone No:

### NEW LOAN INFORMATION

1. Amount Requested:

2. Amount saved (attach stamen for the last 3months):

3. Loan period:

4. Number of shares (by loan application date):

5. Purpose of loan:

6. Current employer if applicable:

7. Net monthly income:

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

(1) Salary (2) postdated cheques

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**Repayment Guarantee.**

I, the undersigned, hereby accept liability 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

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

|   | Guarantors Names (full) | Phone No. | Index No. | Amount saved | signature |
|---|-------------------------|-----------|-----------|--------------|-----------|
| 1 |                         |           |           |              |           |

**Application Fees and Deductions payable after approval of the Loan:**

- 1.Nonrefundable Loan Application Fee: **UGX 10,000**
- 2.Processing Fees: 2% of the Loan amount. ....
3. Share Purchase: 1% of the Loan amount .....
- 4.Net Cash to be Received on Cheque/Cash (Less of any bank transfer charges) .....
5. **Any other fees like Legal fees are to be determined and communicated at approval stage. Please note that the above charges are nonrefundable upon disbursement of the loan.**

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

**ANY OTHER LOAN (Please declare below)**

Loan amount: .....

Institution Name:.....

Loan period:.....

Monthly Deduction:.....

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### 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

**2. Reasons for Rejected Loan**

.....

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

|   | Names | Signature | Date | Comments if any |
|---|-------|-----------|------|-----------------|
| 1 |       |           |      |                 |
| 2 |       |           |      |                 |
| 3 |       |           |      |                 |
| 4 |       |           |      |                 |

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### C-CARE STAFF SACCO

#### C-CARE Staff Loan deduction request form.

I ..... do hereby authorize the C-CARE Staff Sacco through  
the HR department to deduct the sum of UGX .....in words

.....

.....

from my monthly salary for the period of..... months Starting ..... The deduction  
will go to my C-CARE staff SACCO Account for my monthly savings and loan instalment until  
the loan amount is paid in full.

Sincerely:

Name: ..... Signature: .....

Department/Company: .....

Received by ..... (C-CARE STAFF SACCO ADMIN)