



RUBANI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

RUBANI HOUSE, OFF AIRPORT NORTH ROAD EMBAKASI, P.O. BOX 57509 00200 NBI

Tel: +254-707-806-577, email:rubanisacco@gmail.com

LOAN APPLICATION FORM			
NAME			
EMAIL ADDRESS		ID/PASSPORT NO	
DATE OF BIRTH		PHONE NUMBER	
EMPLOYER		STAFF NUMBER	
BANK NAME			
BRANCH NAME		ACCOUNT NUMBER	

LOAN TYPE (tick as appropriate)									
DEVELOPMENT	<input type="checkbox"/>	EMERGENCY	<input type="checkbox"/>	EDUCATION	<input type="checkbox"/>	AB-INITIO	<input type="checkbox"/>	SAVINGS BOOST	<input type="checkbox"/>

AMOUNT APPLIED	
KSH _____	IN WORDS _____
RECOVERABLE IN. _____ MONTHS	COMMENCING FROM _____ (MONTH) _____ (YEAR)

REPAYMENT GUARANTEE						
We the undersigned hereby accept jointly and severally, liability for payment of the loan in the event of borrower's default. We understand that the amount in default may be recovered by an offset against our shares in the Society or by attachment of our salary or other property and that we shall not be eligible for loans unless the amount in default has been paid in full.						
	NAME	S/NO	ID NO	MOBILE NO	DEPOSITS	SIGNATURE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the by-laws of the society and any variations by the Credit Committee in respect to the amount of loan applied and the repayment period. I authorize the necessary recoveries in repayment of the loan to be made from my salary/bank account.	
APPLICANTS SIGNATURE	DATE

LOAN APPROVAL (OFFICIAL USE ONLY)
Approved/Not approved (delete as appropriate)