

## INDIVIDUAL/ JOINT LOAN APPLICATION FORM

<b>MEMBER (ACCOUNT) NAME</b>	<b>MEMBERSHIP NUMBER</b>
	<input type="text"/>

<b>BRANCH/REGION:</b>	<b>DATE OF APPLICATION:</b>

### A. DETAILS OF FIRST APPLICANT

First Name:	Middle Name:	Last Name:
Date of Birth:	Marital Status:	Religion:
ID/Passport Number:	County:	Residence:
Postal Address:	Postal Code:	Town:
Mobile Number:	Other Mobile Number:	Email Address:
Alternative Contact Person:	Relationship:	Mobile Number:
Postal Address:	Postal Code:	Town:

### B. RESIDENCIAL STATUS

Owned  Rented  Living with parents  Other (State)

*(Please tick/state as appropriate)*

Physical address/Estate:	House Number/Court:	County:

### C. EMPLOYMENT

Name of employer:	Telephone Number:	Postal address, code & Town:
Date of employment:	Designation:	Physical address:
Terms of employment: (Tick as appropriate) Permanent <input type="checkbox"/> Contract <input type="checkbox"/>	Gross Salary(KSH.):	Net Salary (KSH.):
If on contract, state expiry date:		

#### D. DETAILS OF SECOND APPLICANT

First Name:	Middle Name:	Last Name:
Date of Birth:	Marital Status:	Religion:
ID/Passport Number:	County:	Residence:
Postal Address:	Postal Code:	Town:
Mobile Number:	Other Mobile Number:	Email Address:
Alternative Contact Person:	Relationship:	Mobile Number:
Postal Address:	Postal Code:	Town:

#### E. RESIDENCIAL STATUS

Owned  Rented  Living with parents  Other (State)

*(Please tick/state as appropriate)*

Physical address/Estate:	House Number/Court:	County:
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#### F. EMPLOYMENT

Name of employer:	Telephone Number:	Postal address, code & Town:
Date of employment:	Designation:	Physical address:
Terms of employment: (Tick as appropriate) Permanent <input type="checkbox"/> Contract <input type="checkbox"/> If on contract, state expiry date:	Gross Salary(KSH):	Net Salary (KSH):

#### G. DETAILS OF THIRD APPLICANT

First Name:	Middle Name:	Last Name:
Date of Birth:	Marital Status:	Religion:
ID/Passport Number:	County:	Residence:
Postal Address:	Postal Code:	Town:
Mobile Number:	Other Mobile Number:	Email Address:
Alternative Contact Person:	Relationship:	Mobile Number:
Postal Address:	Postal Code:	Town:

**H. RESIDENCIAL STATUS**

Owned  Rented  Living with parents  Other (State)

*(Please tick/state as appropriate)*

Physical address/Estate:	House Number/Court:	County:
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**I. EMPLOYMENT**

Name of employer:	Telephone Number:	Postal address, code & Town:
Date of employment:	Designation:	Physical address:
Terms of employment: (Tick as appropriate) Permanent <input type="checkbox"/> Contract <input type="checkbox"/> If on contract, state expiry date:	Gross Salary(KSH.):	Net Salary (KSH.):

**J. NEXT OF KIN**

SNO	NAME	RELATIONSHIP	%	AGE	CONTACT
1.					
2.					
3.					
4.					
5.					

**K. LOAN DETAILS (Tick as Appropriate)**

PURPOSE OF THE LOAN

Purchase:  Plot buying:  Equity release:

Construction:  Project Completion:

LOAN AMOUNT (KSH.)	
PURCHASE PRICE (FOR PURCHASE CASES) (KSH.)	
BQ ( FOR CONSTRUCTION CASES)AMOUNT (KSH.)	
PROPOSED REPAYMENT PERIOD (YEARS/MONTHS)	
MONTHLY REPAYMENT AMOUNT (KSH)	

**L. BANK DETAILS**

Bank name:..... Branch:.....

Account No.:.....

**M. OTHER BORROWINGS**

LENDING INSTITUTION	OUTSTANDING LOAN	REPAYMENT AMOUNT	COMMENT

**O. AUTHORITY TO EMPLOYER TO RECOVER LOAN THROUGH CHECK-OFF SYSTEM  
(Where Necessary)**

I \_\_\_\_\_ whose particulars are as indicated above, do hereby give my employer, of P.O. BOX \_\_\_\_\_ irrevocable authority to recover from my salary payments of Kshs \_\_\_\_\_ per month over a period of \_\_\_\_\_ months or as the union may advice from time to time, and remit the same to KUSCCO Housing Co-operative for the credit of my mortgage loan account in \_\_\_\_\_ branch. In the event of my termination from employment for any reason whatsoever, I will make alternative arrangements to repay any outstanding loan amounts owing to the Co-operative.

EMPLOYER STAMP  
AND SIGNATURE

**P. PARTICULARS OF THE PROPERTY**

Land reference number of the property to be mortgaged	
Location of the property	
Is the property freehold or leasehold?	
If leasehold, state the date and length of the lease.	
Where are the title documents?	
What is the purchase price?	
How much is the rental income? If any	

**Q. IF THE APPLICATION IS IN RESPECT OF A BUILDING UNDER CONSTRUCTUION**

Estimated cost of construction	Ksh.	<div style="border: 1px solid black; width: 440px; height: 25px;"></div>
Estimated cost of work done	Ksh.	<div style="border: 1px solid black; width: 440px; height: 25px;"></div>
Estimated amount required to complete	Ksh.	<div style="border: 1px solid black; width: 440px; height: 25px;"></div>

**R. VALUATION AND VIEWING REQUIREMENTS**

Who should the valuer contact to value the property?

Details of person selling property (vendor)

**S. CONSENT PURSUANT TO CREDIT REFERENCE BUREAU (CRB) REGULATIONS**

I/We hereby authorize KUSCCO Housing Co-operative to disclose and/or obtain information relating to my/our account(s) to and/or from any credit reference or any other institution or third party as it deems necessary.

I/We declare to have not been adjudged bankrupt.

I/We understand that you may in your sole discretion reject this application without having to provide any reasons

**T. CUSTOMER DECLARATION AND SIGNATURES**

- 1. I/We authorize you to obtain any information you may require relating to this application from my/our employer(s), if any, and any other source to which you may apply. Each source being hereby authorized by me/us to provide you with such information. I/We undertake to notify KUSCCO Housing Co-operative immediately of any situation, which may materially change the representation of this application.
- 2. I/We confirm that KUSCCO Housing Co-operative has not offered any other advice regarding suitability of the property or mortgage and that I/We shall obtain independent legal advice with regard thereto.

1. SIGNED..... DATE.....

2. SIGNED..... DATE.....

3. SIGNED..... DATE.....

**U. OUR COMMITMENT:**

KHC wishes to reassure you that all documents and information received in the course of loan application and processing shall be used solely for the reason specified. We further commit to safeguard the same in line with our Data Protection Policies and return security document provided once the loan is paid in full.

**V. FOR OFFICIAL USE ONLY**

Branch Manager

Date received .....

Signed.....

Regional Manager

Date received .....

Signed.....

**W. BRANCH/REGION**

I confirm that I have checked and verified that the application meets the minimum requirements for KHC as indicated in the checklist below:

**MINIMUM REQUIREMENTS (please tick as appropriate)**

- |  | <i>Yes</i>               | <i>No</i>                |
|--|--------------------------|--------------------------|
| i. The application has been properly completed and no blank spaces have been left. In spaces where the information called for is not applicable, the applicant has clearly indicated N/A.  | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Total deductions (including repayment of the requested loan) will not exceed 75% of the applicants total net incomes if the requested loan is granted/or go against the terms of the specific scheme agreement.  | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Applicant’s accounts have been well conducted (if maintained within the KHC). The account is active (not dormant) and we have not had to dishonor more than two cheques in the last 6 months for lack of adequate funds in the member’s bank account. | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Income(s) indicated in the application are correct and agree with account statement (if any) and pay slips submitted, which I have perused and consider to be satisfactory documentary evidence of such income(s).                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Other supporting documents (e.g. ID card, pay slips) have been submitted and I am able to verify all the key details in the application form.   | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. Previous loan (if any) granted to the applicant or associates have been well serviced and the account(s) has been trouble-free.  | <input type="checkbox"/> | <input type="checkbox"/> |

Indicate current outstanding loan balances below (if any).

**BRANCH / REGIONAL MANAGER**

Name : .....

Date : ..... Signed:.....

**MORTGAGE OFFICER**

Name : .....

Date : ..... Signed:.....

**MANAGER, MORTGAGE**

Name : .....

Date : ..... Signed:.....

**CEO :**

Name : .....

Date : ..... Signed:.....

