



EPZA Savings & Credit Co-operative Society Ltd.

P. O. Box 788 - 00242, KITENGELA. Mobile: 0703 428 791
Wireless: 020 2021484 Email: epzasacco@gmail.com

SPECIAL PRODUCT LOAN APPLICATION FORM.

A. Loan Application and Repayments Terms.

I Mr/Mrs./Miss Do hereby apply for a loan of kshs.....In words.....
Repayments period.....Monthly Installments of kshsp/m and to be effected immediately the loan is granted. Type of the product applied for.....

B. Personal Information.

Name of your company.....Permanent/Contract/Temporary (tick).

P.O Box..... Tel No..... Payroll No..... Position in employment..... Id No..... Name of your Bank.....BranchA/C NO.....

Account Name.....

C.Details of guarantors. (We hereby accept individually, jointly and severally liability in case of the borrowers default)

NO	Name	M/NO	Mobile NO	Amount	In words	ID Number	Sign
1							
2							
3							

4							
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Details of witness to guarantors.

NO	Name	M/NO	Mobile NO	Amount	In words	ID Number	Sign
1							
2							
3							
4							

D. Name of applicant.....

Signature of applicant.....

Witness Name

Signature.....

E. For official use only.

Loan approved/rejected.....

Reason for rejection.....

Name of staff.....

Signature of staff.....