WALIMU SOLIDARITY SACCO LIMITED

LOAN APPLICATION FORM

P.O BOX 30412-00100 NAIROBI,

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1.	Loan applican	t's detail			
Full N	Jame:		ID No		
Postal	Address:		Code: _		
Mobil	e No:		County		
2.	Loan Amount	in Ksh:	in Words:		
		te shall be 2% per r	nonth. If a member decid		
	his/her loan af charged.	ter the process has	s been finalized, a fee of H	Ksh 5,000.00 shall be	
Dates	•		Time:		
5.	I) Applicant's Account Details:				
	Bank:				
	Branch:				
	Account No:				
	7) I hereby authorize the necessary deductions to be made from my salary/Branch for payment of the loan				
	Signature		Date:		

b. Guarantor	b. Guarantors' detail (for National Governing Council members)						
NGCW Chair	man Name:		Sign:				
NGCW Treas			Sign: Sign:				
NGCW Secre							
C. Branch Exe	C. Branch Executive Committee Guarantors:						
The following	The following should endorse BEC members for their respective Branches:						
a. Branch Ex	ecutive Secretary:						
Name	D	ate	Sign				
b. Branch Cl	nairman:						
Name	Da	ate	Sign				
c. Branch Tr	easurer:						
Name	D	ate	Sign				
Branch Stamps and	Dates						
d. Branch O	ficial Monthly allo	wance Ksh	in w	ord:			
The allowance the B branch treasurer. 5% repayment expires.	-			•			
In case any of the Br by at least TWO B.E		ory is taking a loa	n s/he must be g	guaranteed			
1.Name:	ID:	positic	on: sig	n:			
2.Name:	ID:	positio	on: sig	n:			

NB: Scan and send the duly filled loan form to the following email address

Email: kuppet ng cwelf are @gmail.com