



TRANS ELITE COUNTY SACCO LIMITED.

P.O. BOX 547-30300, Kapsabet, Nandi County

Email: info@tecsacco.co.ke

Tel: 0110 035634

Website: www.tecsacco.co.ke

BIZNA / SUPER ADVANCE LOAN APPLICATION FORM

N/B: Attach a Copy of ID / Passport (guarantors included) & Current Pay-slip

Name: _____ TSC/PNo: _____

Phone No: _____ ID No: _____ Station: _____

I hereby apply a loan of Kshs. _____ (in words) _____

Loan Reason (specify): _____ Months: _____

GUARANTORS

TSC/PNO	NAME	ID No	Phone No	Sign

CONSENT TO CREDIT BUREAU REFERENCE LISTING (CRB)

I confirm that I have authorized **TRANS ELITE COUNTY SACCO LTD** to share my credit information, and to access my Credit Profile from Credit Reference Bureau.

NEXT OF KIN DETAILS

Name: _____ ID Number: _____

Phone No: _____ Residence: _____

TERMS AND CONDITIONS

1. Customer must be FOSA A/c Holder, active and with good history.
2. Loans application form are considered in order of first come first served basis.
3. Three guarantors must be provided and no guarantor is allowed to guarantee more than 3 times within the same period of time.
4. Guarantor **MUST** be able to meet the repayment in case the applicant defaults.
5. Loans granted to customers shall be deducted from their salaries including interests and not shares whatsoever.



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6. The loan is calculated from the net salary after total deduction has been made including salary processing fees and BOSA loans if any.
7. A customer intending to change pay-point from FOSA TRANS ELITE COUNTY SACCO Ltd will be required to clear all outstanding loans.
8. The above given information is subject to change by the Loans Officer if the need is there.
9. That I also authorize the SACCO to take any monies that are in my account to service the loan in the event the loan is NOT serviced.

Customer's Sign: _____ **Date:** _____

OFFICE USE ONLY

Outstanding FOSA Advances / BIZNA loans Kshs. _____

STO loans Kshs _____ NET salary Kshs _____

Deductions to commence from _____ at Kshs. _____ Per Month

Mode of Repayment Check off STO

Loan Appraised By _____ Sign: _____

Loan Recommended By _____ Sign: _____

Remarks: _____

CREDIT COMMITTEE

Loan approved Kshs. _____ Recoverable in _____ Months

Credit committee minute number _____ Date _____

Chairman Sign _____

Secretary Sign _____

Member Sign _____