MAGEREZA FRONT OFFICE SERVICES ACTIVITY (MAGFOSA)
P.O BOX 53131 - 00200 NAIROBI - MOI AVENUE
APPLICATION FOR JIJENGE LOAN

PERSONAL DETAILS

NAME .....

FOSA ACCOUNT NO.....

PERSONAL FILE NO.....ID NO.....

CELL PHONE NO. ..... EMPLOYER.....

WORK STATION..... .....AGE ..... (YRS)

AMOUNT APPLIED KSH ..... in words.....

.....

PURPOSE OF LOAN.....

NET PAY (as per attached pay slip) KSH.....

REPAYMENT PERIOD..... ..MONTHS.

I hereby confirm that the information given above is mine and true to my knowledge.

NAME ..... .email .....

APPLICANT SIGNATURE..... DATE.....

TERMS AND CONDITIONS.

All applicants must fulfill the following conditions to qualify for the loan:-

1. **Must be a member of the society who has an active account with Fosa**
2. **The applicants salary must be payable through Fosa account for at least two months**
3. **Applications must be accompanied by original and copies of two latest pay slips.**
4. **The maximum repayment period shall be 36 months**
5. **The maximum amount shall be Kshs.500,000.**
6. **The society shall charge an interest of 1.5% p.m on the loan over the repayment period.**
7. **A penalty of 1.5% shall be charged on any unpaid loan balance for whatever reason.**
8. **The net salary of the applicant should not fall below one third (1/3) of basic salary after taking into account the deductions of the loan applied.**

GUARANTORS

We the undersigned hereby solemnly declare that we, (i) Know the above named loan applicant.
(ii) We are severally liable incase of default.

Our particulars are as follows;

1. PF NO .....

NAME .....

ACCOUNT NO.....

ID NO.....

TEL. NO.....

STATION.....

ADDRESS.....

SIGNATURE..... .DATE.....

2. PF NO.....

NAME .....

ACCOUNT.....

IDINO .....

TEL.NO .....

STATION.....

ADDRESS.....

SIGNATURE .....DATE.....

3. PFNO.....

NAME.....

ACCOUNT NO .....

ID NO.....

TEL. NO.....

STATION.. .....

ADDRESS .....

SIGNATURE .....DATE.....

4. PF NO.....

NAME.....

ACCOUNT.....

ID NO .....

TEL.NO .....

STATION.....

ADDRESS.....

SIGNATURE .....DATE.....

5. PF NO .....

NAME .....

ACCOUNT NO.....

ID NO.....

TEL. NO.....

STATION..... ADDRESS.....

SIGNATURE .....DATE.....

6. PF NO.....

NAME .....

ACCOUNT.....

ID NO. .....

TEL.NO .....

STATION ..... .ADRESS.....

SIGNATURE.....DATE.....

REFINANCING FORM

OUTSTANDING BALANCE Kshs..... as at .....

I hereby understand and agree that I will be charged 10% of the total outstanding loan balance

ACCOUNTS

DR: Savings.....

CR: Loan account.....

1.5% Interest on Loan.....

10% Refinancing fee .....

Being Loan offset against Savings as at end of .....Year.....

Checked by.....Signature.....Date.....

CREDIT OFFICER.

Net salary before offsetting Kshs.....

Net salary after offsetting Kshs.....

Recommended.

Kshs.....Period.....

Name .....Signature.....Date.....

Remarks.....

FOSA MANAGER.

Approved/Not approved.....

Kshs.....Period.....

Name.....Signature.....Date.....

REMARKS.....

LOAN OUTSTANDING (BOSA)

Total Loan Outstanding Kshs.....Total deduction
Principal Kshs..... Interest Kshs.....
Comments..... FINANCE OFFICER (BOSA)

NAME..... .SIGNATURE..... .DATE .....

FOSA

Net Salary Ksh.....Salary Advance balance.....

Amount applied Ksh..... ,..... .In..... .....months

Qualifies for Ksh. ....in .....months

Total (Loan +Interest) .....at Ksh .....per month

Principal Ksh..... Interest Ksh.....

Net pay after this loan Ksh.....

FOSA CREDIT OFFICER

Recommended Ksh..... .....
Name ..... Signature. ... ... :..... Date.. ... ...

FOSA MANAGER

Recommended ksh.....
Comments.....
.....
Name.....Signature.....Date.....,.. ....

CHIEF EXECUTIVE OFFICER.

Amount Recommended/ Deferred /Rejected ksh..... ....
Comments... ....
Name..... .....Signature.....Date.....