MOTTO: IN FAITH WE GROW

GOOD FAITH SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED
P.O BOX 224- 00222, UPLANDS. TEL: 0711263398 Email: info@gfsacco.co.ke

EMERGENCY LOAN ADVANCE

APPLICANT'S PERSONAL DETAILS:

DATE: _____

Title……First Names……Surname……

ID. No……Date of Birth ……Nationality……Residency……

Postal Address……Postal Code……Mobile No……

Physical Address……

EMPLOYMENT DETAILS

Employer's Name……Occupation…… Job Title ……

Employers Address……Employer'sTel.No……

FINANCIAL DETAILS

Type of A/C Held	Branch	Account No.	Date Opened

LOAN REQUEST

Loan Advance Required (Kshs.)……In Words……

Purpose for the Loan Advance……

Repayment Duration (In Months) ……Monthly Repayment (Kshs.)……

CUSTOMER DECLARATION

I certify that the information contained in this application is true and correct to the best of my knowledge and belief. I hereby authorize Good Faith Sacco Limited to debit my savings Account Number……With Kshs…….. Once the Loan Advance is due for payment.

I also confirm that I understand that this application shall be processed by way of your standard procedures and in case of a decline you shall not advice any specific reason for such a decline.

I append my signature below as a sign of acceptance of all terms and conditions of this agreement as listed on both pages of this form.

Applicant'sName……Signature……Date……

FOR OFFICIAL USE ONLY

Form Checked for Completion by……Signature……Date:……

Application Approved By……Signature…… Date……

Amount Approved in Kshs…… Manager's Signature……Official Stamp: