



STEADFIN
Many lives. Many futures

STEADFIN UGANDA SACCO LOAN APPLICATION FORM

MEMBER DETAILS

Name:..... Job grade..... Membership number:

Personal e-mail Current contact (**mandatory**).....

Amount requested: Shs..... Repayment period:(Years/months/PPs)

Loan type (Check appropriate): Long term Loan Emergence Loan Top- Loan/Refinancing
 Staff Loan Vehicle Loan

Repayment every: Month Bi-weekly Quarterly Annually Balloon/Single Payment

Mode of payment: Free savings Post-dated cheques Allotments

EMPLOYMENT/BENEFIT DETAILS

Employment details * Employed Self-employed Retired Other (Specify).....

Employer: Physical address of employer:.....

Work phone number: Email:

Contract type: Full time Part-time Date of employment:

Salary paid every: Monthly Bi-weekly Quarterly Annually

Payment details: Salary Income per pay period UShs.....(Attach recent pay slip)

Current allotment amount.....**New Allotment Amount**.....

Member Signature:**Date of application**:

Comments/Special Requests

To be filled by Treasury	Financial Information:	Approval Checklist:																																			
	Recommended Loan Amount:..... Approved Amount:..... Required Collateral Amount:..... Total Collateral %ge:.....Required rate..... Deficit/Excess Amount:..... Surcharge% (Shs.....) Net Cheque Amount..... Remark:	<table border="0"> <tr> <td>Copy of recent:</td> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td>a) Gratuity statement/DCP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) Earning statement</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) Loan/Savings statements</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) Amended allotment form.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e) Employment contract</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f) Valid ID(for ex. staff)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>g) Loan Agreement</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>h) Guarantor form(s)</td> <td></td> <td></td> <td></td> </tr> </table> <p><i>1 of which must be an active member, letter of undertaking from current employer</i></p>	Copy of recent:	Yes	No	N/A	a) Gratuity statement/DCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Earning statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Loan/Savings statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Amended allotment form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Employment contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f) Valid ID(for ex. staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Loan Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h) Guarantor form(s)		
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On behalf of FSN Uganda SACCO

Name: **Signature:** **Date:**