UNISA SACCO SOCIETY LIMITED

P.O BOX 33745-00600, Nairobi CELL: 0727727875

E-mail unisacredit.co@gmail.com

S.K Business Center, Ladhes Rd next to KMC 2ND Floor



QUICK CASH APPLICATION FORM

Please attach a copy of ID		forr	form no	
		DAT	TE	
A. PERSONAL DETAILS				
Member's name				
Membership no ID NO TEL				
Position in the saving and credit – committee / member				
I hereby apply for a loan of kshrecoverable in (maximum 3 months)				
Amount in words				
B. PURPOSE FOR WHICH LOAN IS APPLIED				
1				
FOR OFFICIAL USE ONLY				
MEMBERS SAVINGS TO DATE KSH				
TYPE OF LOAN	SAVINGS ATTACHED	LOAN AMOUNT	LOAN BALANCE	
NORMAL LOAN				
EMERGENCY LOAN				
SCHOOL FEES LOAN	UN		S ^y	
ASSET FINANCE	SA	VERS 1		
SAVINGS BALANCE (AMOUNT QUALIFIED) KSH				
DECLARATION CREDIT COMMITTEE:				
NAME OF LOANEE	CHAIRPERSON: NAME			
SIGNATURE	SIGNATURE			
AUTHORISED BY	SECRETARY: NAME			
SIGNATURE SIGNATURE				
DATE		MEMBER: NAM	MEMBER: NAME	