



Branch	
Application Date	
Account No.	

THIS FORM IS TO BE COMPLETED FOR THE FOLLOWING CREDIT PRODUCTS AND TYPES:

Loan Type: New loan ☐ Top Up ☐
Loan Products: Term loan ☐ Invoice Discounting ☐ LPO Financing ☐ Asset loan ☐
Contract financing ☐
If other, please specify

SECTION 1 - APPLICANT DETAILS

BUSINESS DETAILS

Business Name
Type of ownership Sole Proprietorship ☐ Partnership ☐ Limited Liability Company ☐ Other
Registration No
Date of registration/incorporation YYYY / MM / DD VAT No.
No. of Employees PIN Number
Mobile Number
Building Name Street
Address: P.O. Box Postal Code Town
Email Address Country of operation
Contact person of the business on a day to day basis
Type of Business
Type of Business Premise No of years in the business
Formal Lease ☐ Informal Lease ☐ Owned ☐ Mortgaged ☐ Outstanding Mortgage ☐
Type of insurance taken on business
Are the business premises insured Yes ☐ No ☐

Annual Turnover

Less than KES 1M ☐ KES 1M to KES 5M ☐ KES 5M to KES 10M ☐ Greater than KES10M ☐

Project Turnover

Less than KES 1M ☐ KES 5M to KES 5M ☐ KES 5M to KES 10M ☐ Greater than KES 10M ☐

APPLICANT/DIRECTORS DETAILS – 1

Title (Tick as appropriate) Mr ☐ Mrs ☐ Dr ☐ Prof ☐ Other (Specify)
Name
Gender M ☐ F ☐ Marital Status Married ☐ Single ☐ Divorced ☐ Other
ID/Passport Number Nationality DOB YYYY / MM / DD
No. of Dependents Age of Dependents
P.O. Box Postal Code Town

[illegible]

Title (Tick as appropriate)		Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	Prof <input type="checkbox"/>	Other (Specify) <input type="text"/>	
Name		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender		M <input type="checkbox"/>	F <input type="checkbox"/>	Marital Status		Married <input type="checkbox"/>	Single <input type="checkbox"/>
						Divorced <input type="checkbox"/>	Other <input type="text"/>
ID/Passport Number		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nationality	<input type="text"/>
						DOB	<input type="text" value="YYYY/MM/DD"/>
No. of Dependants		<input type="text"/>	Age of Dependants <input type="text"/>				
P.O. Box		<input type="text"/>			Postal Code	<input type="text"/>	Town <input type="text"/>
Physical Address		<input type="text"/>			Town	<input type="text"/>	County <input type="text"/>
Mobile Number		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other Phone No <input type="text"/>
Email Address		<input type="text"/>					
Keyman: Yes <input type="checkbox"/>		No <input type="checkbox"/>	Percentage of Share Holding		<input type="text"/>		

Name			
Relationship with Applicant		Mobile Number	
P.O. Box No		Postal Code	
Place Of Work		County	
		Email Address	

Name			
Relationship with Applicant		Mobile Number	County
P.O. Box No		Postal Code	
Place Of Work		Email Address	

SECTION 2 BANKING DETAILS

1. Existing Facilities in Setyon Sacco

TYPE OF FACILITY	BRANCH	LIMIT/ INITIAL AMOUNT GRANTED (KES)	OUTSTANDING	REPAYMENT PER MONTH (KES)

2. In other Saccos/Banks/Institutions

TYPE OF FACILITY	BRANCH	LIMIT/ INITIAL AMOUNT GRANTED (KES)	OUTSTANDING	REPAYMENT PER MONTH (KES)

3. Accounts Held

NAME OF ACCOUNT	SACCO/BANK	BRANCH	ACCOUNT NUMBER

4. Past Financial Performance

DETAILS FOR THE LAST 12 MONTHS	FROM: _____ TO: _____		AS AT LAST MONTH END DATE
Sales: (KES)		Value of Stocks Held (KES)	
Cost of Sales:(KES)		Trade Debtors O/S (KES)	
Operating Expenses:(KES)		Trade Creditors O/S (KES)	
Gross profit: (KES)		Other Debts (KES)	
Net profit Before Tax: (KES)		Paid up capital (KES)	

5. Credit Facility Request Details

TYPE OF FACILITY REQUESTED	AMOUNT REQUESTED	PURPOSED REPAYMENT PERIOD (TENOR)	PURPOSE OF FACILITY
Term Loan (TL)			
Asset Finance Loan			
Invoice/LPO Discounting			
Contract financing			
Others (Specify)			

Facility to be secured? ☐ Yes ☐ No

If secured provide details of amount of security provided (complete as appropriate)

TYPE OF SECURITY (IF PROPERTY ATTACH COPY OF TITLE)	LOCATION	OWNERSHIP	ESTIMATED VALUE	IF PROPERTY IS DEVELOPED DESCRIBE

NB: Attach Copy of Title Deed, Log Book, Life Policy Statement, Share statement,NSE statement or Schedule of Assets where applicable.

NOTES

1. Unsecured lending is only available to set limit based on your total borrowings from the Sacco. Further details are available from your Sacco
2. If your application for a loan is agreed in principle then a formal valuation of any security may be required.
3. Other Information and/or documentation may be required depending on the nature of the business or as a precondition to loan disbursal

CUSTOMER DECLARATION

1. I/We authorize you to obtain any information you may require to this application from any source to which you may apply, each source being here by authorized by me to provide you with such information.
2. I/We undertake to notify the Sacco immediately of any situation which materially changes the representation of this application.
3. I/We hereby authorize the Sacco to disclose any and all information in respect of my/ our account to the guarantors for as long as the guarantors' liability of this debt outstands.
4. I/We confirm that I am/We are in good health.
5. I/ We hereby certify that no credit facilities availed of from any Sacco/bank were recalled and/or no legal action has been initiated by any Sacco/bank against the company/related companies for non-payment of advances availed of by me/us.
6. I/We, as a per-condition to accepting the terms of any offer of facilities as a result of this application, agree that, in the event of default, SETYON SACCO may, at its sole discretion, pass the factual and true default information to a Credit Reference Bureau without legal recourse by me/us the applicants herein.
7. I/We have not been adjudged bankrupt
8. I/ We hereby declare that the information stated above is true, correct and complete to the best of my / our knowledge.

First Applicant's Signature

Designation

Date

Second Applicant's Signature

Designation

Date

Third Applicant's Signature

Designation

Date

FOR OFFICIAL USE ONLY

Identification seen and checked by member of staff

Staff Name

Signature

Sales Code

Date

CEO Name

Signature

Date

BUSINESS REQUIREMENTS (KINDLY ATTACH)

1. Copy of Memorandum and Articles of Association for limited companies.
2. Copy of Business Registration Certificate.
3. Copies of the PIN certificates of the Company and Identification (or Passport) copies of each of the Directors
4. Copy of the latest annual returns filed with Registrar of Companies
 - a) In case of Sole Proprietorship / Partnership certified copy of the Extract of the Register from Registrar of Business.
 - b) In case of partnership, certified copy of partnership Deed/Agreement.
4. Audited accounts for the last three years together with copy of the latest management accounts.
5. Schedule of Debtors and Creditors as per the latest management accounts – age wise.
6. Cash flow projections month by month for the next 12 months.
7. Copies of your bank account statements for the last 6 - 12 months.
8. Schedule of Inter-company borrowings – if any and details of maturity.
9. Company profile.
10. CV's of the promoters and top management.
11. Sales target for the current year with projected profit & loss and balance sheet.
12. List of major customers and suppliers.
13. Valuation report(s), if available and copy of the document evidencing ownership of the asset offered as security.
14. Certified loan statements and copies of letters of offer for existing facilities with other banks/institutions.

NOTE: Other supportive documents may be required depending on the unique nature of the business or application.

	APPLIED	APPROVED
Facility Type		
Facility Amount		
Type of Interest Rate (i.e. Reducing or Flat)		
Interest Rate Period (i.e. Monthly, Quarterly or Annually)		
Standard Interest Rate		
Fixed or Variable Interest Rate		
Facility Period (Tenor) in months		
ADDITIONAL SACCO CHARGES		
Application & Processing Fee		
Monthly Service Fee		
THIRD PARTY COSTS		
Brokerage Fees		
Attorney & Notary Fees		
Total Keyman Insurance		
Other Insurance Specific to Taking out Credit		
Government Levies		
Valuation		
OTHER COSTS		
1.		
2.		
3.		

SETYON Sacco Committee Approval

Chairman		Signature		Date
Secretary		Signature		Date
Member		Signature		Date

SECTION 3. CLIENT'S ACCEPTANCE TERMS AND CONDITIONS

As we continue to nurture the relationships that built our organization and aggressively pursue new ones, information disclosure takes center stage to ensure openness and transparency.

1. Kindly take time to note the following regarding the product(s) that you have applied for:

TOTAL COST OF CREDIT

Total Cost of Credit refers to the total amount payable for a loan, including all Sacco fees and charges, and estimated third party costs such as legal fees and valuation and stamp duty in the case of loans secured by a physical asset.

Before signing a loan agreement, a customer should request the Sacco to provide them with a Total Cost of Credit breakdown as well as the Loan Repayment Schedule. This will not only empower the customer to make an informed decision, but also will enable the customer to compare the fees and charges within the market.

1. You have read and understood the Customer Terms and Conditions as well as the Product Terms and Conditions.
2. Interest is calculated on a daily balance basis.
3. Interest rate _____ % per annum/month.
4. We will debit your Current account for the installment amount on the installment due date. (Please note that this repayment arrangement cannot be cancelled without the Sacco's express instruction).
5. If your monthly instalment is not paid by the due date, your loan account will attract an overdue interest calculated at the current interest rate on your loan over the number of days the loan is overdue.
6. All fees and charges on our products will attract a 10% excise duty.
7. Keyman Insurance premium on Personal Loans is charged at a percentage per annum of the loan amount. It is charged upfront for the tenor of the loan. Upon early repayment or loan top up, no refund is due for the unutilized portion of the premium.
8. In the case of Top Up, the insurance premium will be charged on the full loan amount at the time of disbursing the Top up loan.
9. Please note that the keyman insurance product across loan products is provided by our Insurance Service Provider.
10. You confirm that:
 - a. You have been provided with all the information on the product and have been given sufficient time to consider the suitability of the product before signing up.
 - b. You are aware that our Sales staff may be paid on commission

This document is for your convenience and does not replace the Customer and Product Terms and Conditions.

First Applicant's Signature

Designation

Date

Second Applicant's Signature

Designation

Date

Third Applicant's Signature

Designation

Date