



Ammar Sacco Society Ltd - FOSA

P.O. Box 6957-01000, Thika. Tel: 0711 431 590

Elica Plaza, Kwame Nkrumah Road

Ammar Sacco Society Ltd

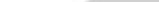
We cater for growth

Email: info@acsacco.co.ke or ammarsacco@gmail.com Website: www.acsacco.co.ke

EMERGENCY LOAN

A. PERSONAL DETAILS

Account Number:

Account Name:  **Address:**

Address:

Physical Address:

Telephone:

E-Mail:

ID No.:

Loan Amount

Amount in figures: _____

Amount in words: _____

_____ Repayment period (in months) _____

Purpose of the loan _____

Security Offered

Description

B. GUARANTORS

i) Repayment Guarantee

We, the undersigned guarantors hereby accept jointly and severally liability for the repayment of the loan in the event of the loanee's default. We understand the amount may be recovered by an offset against our deposits in the society or by attachment of our salaries or properties and that we shall not be eligible for loans unless the amount in default is equal to the deposits owned by the defaulter.

ii) Guarantors are **strongly advised** to read all the information provided in this form by the applicant and terms and conditions contained herein, so as to understand the full implications of signing this part.

	NAME OF GUARANTOR	A/C NO	ID/PP NUMBER	PHONE NUMBER	AMOUNT	SIGN
1.						
2.						
3.						
4.						

CREDIT REFERENCE BUREAU (CRB)

I confirm that I have authorised Ammar Sacco Society Ltd to access my credit profile and that this profile can be delivered to their e-mail / postal address indicated herein and hereby authorize **Metropol CRB Ltd** to mail / deliver / send my credit report to the email / postal address indicated herein.

I release **Metropol CRB Ltd** and **Ammar Sacco Society Ltd** and its officers, employees and agents from all claims, actions or proceedings of whatsoever nature and howsoever arising, suffered or incurred in connection with Metropol CRB Ltd sending / delivering /mailing my credit report to the addresses that I have provided

CUSTOMER'S DECLARATION

In connection with the application and/or maintaining a credit facility with Ammar Sacco, I authorize the Sacco to carry out credit checks with or obtain my credit information from, a credit reference bureau. In the event of account going into default, I consent that my name, transaction and default details be forwarded to a credit reference bureau for listing. I acknowledge that this information may be used by banking institutions and other credit grantors in assessing application for credit by name, associated companies , and supplementary account holders and for occasional debt tracing, fraud prevention purposes and for any other lawful purposes.

Borrower's Name and Signature

1. Name.....DesignationID.....

Signature Phone..... Date.....

OFFICE SECTION

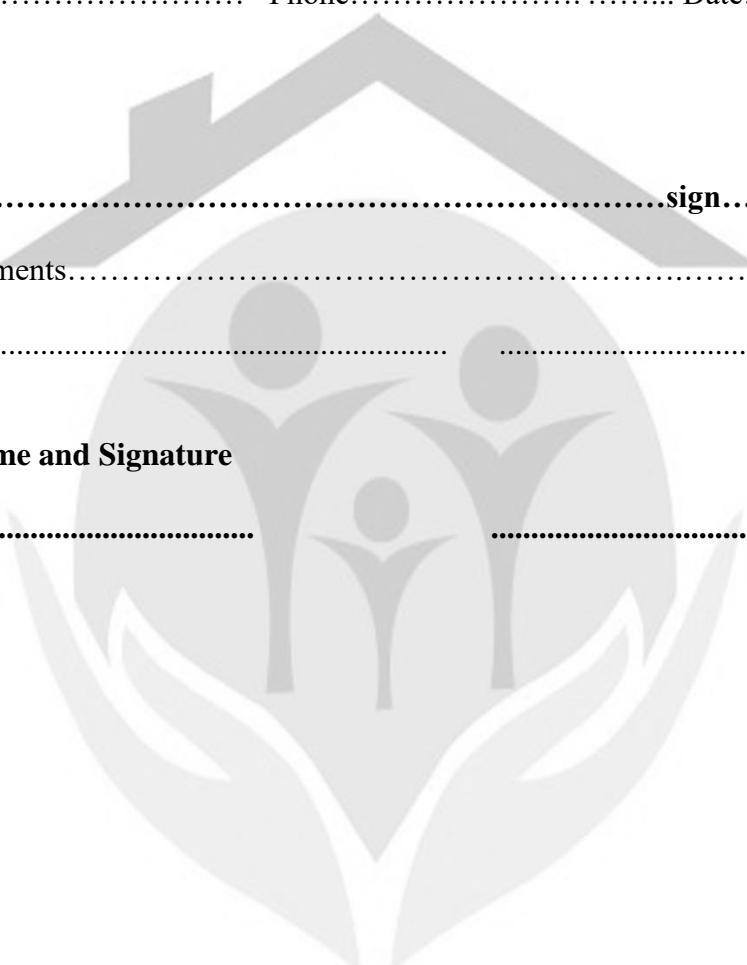
APPRAISED BYsign.....

Credit Officer's Comments.....

NAME.....

Branch Manager's Name and Signature

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