

REG NO. 3355



UGANDA AGRIDEPT COOPERATIVE
SAVINGS AND CREDIT SOCIETY LTD
P.O.BOX 102 ENTEBBE
agrideptcscs@gmail.com
0706-994-964/0780-191447

LOAN APPLICATION FORM

The form indicates detailed information about the applicant especially the ability to repay according to the repayment schedule. The applicant must have at least two member guarantees or sureties. The guarantees or sureties are to repay the loan in case the loan recipient fails to pay.

1. Full Names.....
2. Membership No
3. Years in Service Date of Birth.....
4. Tel.....Email.....
5. Branch
6. Bank A/C No:..... A/C name:.....
Bank Name.....
7. Terms of employment (Permanent/Temporary/ Contract)
8. Home address: Location or Village (L.C)
Sub-County.....District.....
9. District
10. Next of kinRelationship.....Tel.....
11. Your Salary P.m shs
12. Other sources of income: monthly (specify)
13. Monthly Deposit
14. Amount of loan applied for (in figures)
Amount in words.....at an
Annual Interest rate of (10.8%).
15. Planned monthly payment after loan disbursement :-
 - (a) From Salary.....
 - (b) From other sources (specify).....
 - (c) Indicate mode of recovery (Bank, standing orders, cheques, Bank draft cash).....
16. Purpose of loan
17. Other Information
 - (a) Names of spouseTelephone.....
 - (b) Number of Children in school: Primary.....SecondaryTertiary.....
 - (c) Other dependants (Specify).....
18. Loan disbursement should be made on thisday of202.....

19. A recent copy of pay slip/bank statement must be attached.
20. I agree to use the loan for the purpose stated above and to abide by the Cooperative Statute Act, Rules and Society Byelaws
21. I agree that I will repay my loan of shs On or beforeI further agree to pay interest on my loan at the given interest rate.
All statements made by me are true and correct.

.....
Date Signature Applicant

Sureties / Guarantees

We the undersigned agreed to pay the amount due as indicated below if the applicant fails to repay the loan in full by the due date. This amount may be deducted from sums due to me by the society.

Name	Pay slip no.	Amount	Signature
1.
2.
3.

FOR OFFICIAL USE ONLY

Part II: To be completed by Branch Credit Committee

- Proof of any other sources of Income
 - Is the purpose stated correct? Yes/No/Doubtful
 - Do you think the applicant will repay without difficult? Yes/No
 - Loan not approved on full / Recommended shs
 - Cash / Cheque No.
 - Any other comments
-
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7. Signed:
(CHAIRMAN) (TREASURER) (SECRETARY)

Part III: National credit committee

- Loan approved/ rejected shs cash/cheques No.
- National Credit Committee Remarks
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10. Signed:
(CHAIRMAN) (TREASURER) (SECRETARY)