P.O. Box 49316-00100 Nairobi Prosper With Us
Tel. 020 222 0648 / 0736 028 982 / 0792 002 300

ASSET FINANCE LOAN APPLICATION FORM									
A/C Number			Bra	nch			Date		
1. CLIENT'S INFORMATION									
Name of Entity / Applicant									
National ID/Registration No.			VAT No.			Pin No.	,		
Type of Entity: Ltd Co	☐ Partnersh	р 🗆	Club	□ Groι	ıp 🔲 Self		Other		
Postal Address Currently			Email						
Tel:(Landline) Me	obile		Physic	cal addı	'ess (Attach ske	tchmap wit	h the nearest landmark)		
Physical Location: Town		Street Building							
Business Premises	Rented		☐ Owned						
If rented: Lease Period	Remaining	Period.		(Attach co	oy of lease agreem	ent) Rent	Payable:		
2. PARTICULARS			EMPL	OYMEN	T PARTICULA	RS			
				Name of Employer:					
Location:			No. of	No. of years in employment:					
				Employer Address / Tel:					
2 PARTICULARS OF ASSET TO RE	PUDOLIACED		<u> </u>						
3. PARTICULARS OF ASSET TO BE Name of Dealer	Model / M	lake		Date of	Pegistration		☐ New ☐ Used		
Year of Manufacture	Cost	iane		Date of Registration			Bal		
Item Number	Market Va	luo		Deposit Paid Chassis No.			Dal		
	Tiviarket va	iue		CHassi	5 NO.				
4. LOAN PARTICULARS									
Amount Applied for				Own Contribution					
Repayment Period			Month	nly Repay	/ment				
ACCOUNTS IN OTHER BANKS/	FINANCIALINS	TITUTIC	DN(S)						
Bank		Branch				Status	(Dr/Cr)		
1.									
2.									
3.									
LOANS IN OTHER BANKS/I	INANCIALIN	STITUT	ION(S)						
Name of Bank / Institution				anced	Repayment	period	Outstanding amount		
1.	7 6		2 0. 00 0. 0. 0	0.11.000.	тородиноне	P 0110 0.			
2.									
3.									
(Attach Bankstatements)	<u>'</u>								
5. REFEREES									
Name		Add	dress		Telephon	e	Relationship		
1.									
2.									
6. DECLARATION									
	on horoin is true t	o the bee	et of my/our	r knowloc	lan and baliafe	/Ma furth	or outhorize		
I/We declare that the information giv Maisha Microfinance Bank to verify the									
· ·							, ,		
In connection with this application, a may carry out credit checks with a cre									
details will be recorded with the cred	it reference agen	ency. In the	formation r	nav be us	sed by other ins	titutions i	in assessing application		
for credit by me, associated compani	es and suppleme	ntary acc	ount holdei	s and for	occasional de	ot tracing	and fraud prevention		
purposes.	Danta			Di			Data		
Name of Applicant / Director / Partner 1.			(Signature			Date		
2.									
3.									
Witnessed by Credit Officer: Name				Signature			Date		

7. CREDIT COMMITTEE USE ONLY						
Result of the Evaluation		Terms and Conditions				
☐ Approved ☐ Rejected ☐ Deffere			Rate Term			
Approved Integered Integer		Amount. Nons	NateTerm			
Recommendations and Conditionalities						
Credit Committee Members						
Name	Position		Signature			
8. EXECUTIVE COMMITTEE USE ONLY						
Result of the Evaluation		Terms and Condition	ons			
			Rate Term			
Approved Rejected Deffere	eu	Amount. KSnS	RateTerm			
Recommendations and Conditionalities						
Executive Committee Members						
Name	Position		Signature			
<u></u>						
8. REQUIREMENTS						
For Limited Companies		lividuals				
i) Certificate of Incorporation		py of ID and PIN	Majaha Migrafiya ya Pari			
ii) Memorandum and Articles of Association		_	Maisha Microfinance Bank			
iii) Company VAT Certificate and PIN		forma invoice / Sal				
iv) Copy of ID and PIN numbers of Directors		iv) Six months bank statements up to date				
v) Latest annual returns	•	ee months' payslip				
vi) Resolution to borrow duly sealed		ding Licence (where	e applicable)			
vii) Opening of account at Maisha Microfinance Bank	<					
viii) Proforma invoice / Sale Agreement						
ix) Six months bank statements up to date						
x) Trading Licence (where applicable)						