

BUSINESS LOAN APPLICATION FORM

A/C Number Branch _____ Date _____

1. BUSINESS INFORMATION

Name of entity		Nature of business	
Registration No.	Licence No.	PIN No.	VAT No.
Type of entity		No. of employees	
Postal address: Current		Permanent	
Tel.: (Landline)		Mobile	E-mail
Physical location: Town	Physical address (attach a sketch map indicating the nearest landmarks)		
Street		Building	
Business premise: <input type="checkbox"/> Rented <input type="checkbox"/> Owned		How long in current location? _____	
If less than one year, where was the business located and why did you relocate? _____			
If rented: Lease period _____		Remaining period _____ (attach copy of lease agreement) Rent payable _____	

2. CLIENT / ENTITY INFORMATION

Applicant's Name		Date
National ID / Passport No.		PIN No.
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Other		
Nationality		
Date of birth		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
No. of children		Other dependants
No. of children attending school		Name of School
Phone No.	E-mail	Postal address: Permanent Current
Location of current residence (attach a sketch map indicating the nearest landmarks)		
Town	Estate	House No.
<input type="checkbox"/> Rented <input type="checkbox"/> Owned		Do you intend to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. PARTICULARS OF BUSINESS OWNERSHIP / DIRECTORS

Name of Director(s) / Partner(s) / Official(s)	ID No.	Address	Designation	Nature of Ownership
1)				
2)				
3)				

(NB: Attach memorandum and articles of association, Board of Directors' resolution, Minutes)

4. LOAN PARTICULARS

Amount applied for (Kshs.)	Purpose
Cost of project (Kshs.)	Own distribution
Repayment period	Monthly Repayment

ACCOUNTS IN OTHER BANKS / FINANCIAL INSTITUTION(S)

Bank / Financial institution	Branch	Status (Dr / Cr)
1)		
2)		
3)		

LOANS IN OTHER BANKS / FINANCIAL INSTITUTION(S)

Bank / Financial institution	Amount advanced	Date advanced	Repayment period	Outstanding amount
1)				
2)				
3)				

5. SECURITY DETAILS

Type	Details	Estimated value
1.		
2.		
3.		

(NB: Attach copies of securities)

6. REFEREES

Name	Address	Telephone	Relationship
1.			
2.			

7. DECLARATION

I / We declare that the information given is true to the best of my/our knowledge and belief. I /We would further authorize Maisha Microfinance Bank to verify the information given herein and make reference from any person(s) /institution(s) named herein.

In connection with this application and/or maintaining a credit facility with Maisha Microfinance Bank, Maisha Microfinance Bank may carry out credit checks with a credit reference agency. In the event of the account going into default, my name and transaction details will be recorded with the credit reference agency. This information may be used by other institutions in assessing applications for credit by me, associated companies, and supplementary account holders and for occasional debt tracing and fraud prevention purposes.

Name of Applicant / Spouse / Partner / Director

Signature

Date

1. _____

2. _____

3. _____

Witnessed by Credit Officer: _____

(FOR MAISHA MFB USE ONLY) CREDIT APPLICATION SUMMARY

Name of Applicant: _____ Savings A/C No.

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Credit Officer: _____

Loan A/C No.

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Date of First Review: _____ Date of Application _____

Date Submitted to Committee: _____

ACCOUNT OPERATION

Average credit turnover from banking for the last six months _____

Comments of the Appraisal / Credit Officer _____

CREDIT COMMITTEE USE ONLY

Result of Evaluation

Terms and Conditions

Approved

Rejected

Deffered

Amount: Kshs _____ Rate _____ Term _____

Recommendations and Conditionalities:

Credit Committee Members

Name

Position

Signature

Name	Position	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXECUTIVE CREDIT COMMITTEE USE ONLY

Result of Evaluation

Terms and Conditions

Approved

Rejected

Deffered

Amount: Kshs _____ Rate _____ Term _____

Recommendations and Conditionalities:

Executive Credit Committee Members

Name

Position

Signature

Name	Position	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____