



**SULUHU SACCO**  
*"Together we grow"*

# SULUHU SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

**SULUHU SACCO PLAZA**  
 Kyuso road, Opp. IEBC Offices, Mwingi Town  
 P.O.Box 489-90400, Mwingi

0794 056 489  
 info@suluhusaccoltd.com  
 www.suluhusaccoltd.com

## EMERGENCY SALARY ADVANCE LOAN APPLICATION FORM

### CONFIDENTIAL

- A)
1. NAME.....MOBILE NO.....
  2. PRESENT ADDRESS.....
  3. PHISICAL ADDRESS
    - a) Sub location..... b) Location.....c). Sub County .....
    - d) County.....
  4. Email address .....
  5. EMPLOYER.....
  6. SCHOOL/STATION OF WORK.....
  7. FOSA ACC NO.....
  8. T.S.C NO/ PERSONAL NUMBER..... 9. AGE.....
  10. I.D NO.....M/NO.....
  11. AMOUNT APPLIED KSHS.....IN WORDS.....
  12. REPAYMENT PERIOD.....WITH EFFECT FROM THE MONTH OF.....
  - 13.REPAYMENT TERMS (Tick) Daily  Weekly  Monthly
  14. MODE OF PAYMENT. (TICK) a) Cash  b) check-off  c) Paybill d) Cheque
  - e) Any other specify.....
  15. Interest rate 10% flat rate repayable for one month
  16. PURPOSE OF THE LOAN (TICK)
    - a. Agriculture
    - b. Trade
    - c. Manufacturing and service industry
    - d. Education
    - e. Human health
    - f. Land and housing
    - g. Finance
    - h. Consumption and social activities

Attach current payslip/Statement and ID card Photostat

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the laws of the society and the loan policy and any variations by the Board of Directors.

I hereby authorize Suluhu SACCO Society LTD to access my credit information from CRB and be enlisted in case of default.

SIGNATURE..... DATE.....:

SIGNATURE.....

**B. WITNESS NAME.....M/NO.....**

**TSC NO.....SIGNATURE.....**