

# DEFENCE SAVINGS & CREDIT COOPERATIVE SOCIETY

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## JIJENGE LOAN APPLICATION FORM

Customer Care Stamp

### INSTRUCTIONS

1. Loan application form to be printed back to back.
2. Complete the form in block letters.
3. Attach the required documents (A copy of your current payslip, service ID and copies of the guarantors' service ID.
4. Once the form is duly filled and signed, send to CAD/SAD offices for further action.
5. Maximum repayment period is 2 years (24 Months).
6. The approved loan will be paid directly to DEFCO.

### 1. APPLICANTS' PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ M/NO: \_\_\_\_\_ SVC/NO: \_\_\_\_\_  
NATIONAL ID NO: \_\_\_\_\_ FORMATION/UNIT: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### 2. DETAILS OF ITEMS TO BE PURCHASED

S/No.	ITEM CODE	DESCRIPTION	QUANTITY	COST
a.				
b.				
c.				
d.				

Type of purchase (*Tick appropriately*) Customer purchase  Normal purchase

Total cost of Item(s) in Figures: \_\_\_\_\_

Total cost of Item(s) in Words: \_\_\_\_\_

DEFCO Shop reference number: \_\_\_\_\_ Location: \_\_\_\_\_

### 3. DEFCO SHOP MANAGER RECOMMENDATION

Name: \_\_\_\_\_ DP No.: \_\_\_\_\_

Signature and Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. REPAYMENT DETAILS

Mode of Repayment:  Check off

Repayment Period (Years): \_\_\_\_\_ Months: \_\_\_\_\_

**5. DECLARATION**

I hereby authorize Defence Sacco Limited to confirm my credit information in other financial institutions and also any registered Credit Reference bureau (CRB) before processing this loan and also during repayment. I therefore, consent to my name, transaction and default details to be forwarded to CRB for listing in the event my account goes into default. I acknowledge that this information may be used by banking institutions and other guarantors in assessing application for credit by me, associated companies, and supplementary account holders and for occasional debt tracing and fraud prevention purposes. I also authorize Defence Sacco Ltd to use any registered debt collector to recover any outstanding liability owed. I hereby declare that the foregoing particulars are true to the best of my knowledge and belief. I agree to abide by the laws of the Society, the loan policy provision and any other variation by the Board of the Society in totality. I will inform the Society whenever I am transferred from my current work station. I willingly grant consent to DESACCO to verify, use, share and/or disclose the information given in accordance with the Society’s By-laws and the Laws of Kenya. I authorize the necessary deductions, including interest on the loan, to be made from my salary or account as repayment for this loan. I also acknowledge that DESACCO is only responsible for remitting the amount indicated to DEFCO and that it is DEFCO’s responsibility to deliver the goods as agreed.

NAME: \_\_\_\_\_ SVC NO: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

**6. REPAYMENT GUARANTEE**

**(GUARANTORS ARE REQUIRED TO CAREFULLY READ THROUGH THIS LOAN APPLICATION FORM AND UNDERSTAND THE LIABILITY BEFORE SIGNING)**

We, the undersigned, hereby accept jointly and severally, the liability for repayment of this facility in the event of the borrower’s default. We understand the amount in default may be recovered from our salaries, offset against our deposits within DESACCO

S/NO	NAME	MEMBERSHIP NO.	ID NO.	MOBILE NO.	SIGNATURE	OFFICIAL VERIFICATION
1.						
2.						
3.						
4.						
5.						
6.						

**7. EMPLOYER’S (UNIT) RECOMMENDATION**

I hereby confirm that the attached are true copies of the applicant’s:

- i. National/Military ID card
- ii. Payslips (Current)
- iii. Guarantors National /Military ID card

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature and Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

**8. CAD/SAD**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature and Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**9. LOAN PROCESSING**

Captured By: Rank \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_ Signature: \_\_\_\_\_

Approved By: Rank \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_ Signature: \_\_\_\_\_

Disbursed By: Rank \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_ Signature: \_\_\_\_\_