



WENYE MAGARI SACCO

AA PLC EMBAKASI OFFICE, CATHERINE NDEREBA ROAD,
P.O. Box 40087-00100, NAIROBI
TELEPHONE: 0703 436 396 calls/WhatsApp/sms.
Email: wenyemagari@aakenya.co.ke

A. REQUIREMENTS AND INSTRUCTION

- 1) Applicant **MUST** ensure all parts are filled in full and attach the current months' pay slip. Incomplete forms will not be considered.
- 2) Please be guided by the terms on our website about each loan product
- 3) Any amounts above Ksh.10, 000 must be guaranteed.

B. PERSONAL INFORMATION

Full Name: -----

Terms of service

P&P

☐
☐

Contract

(Indicate when the contract is due.....)

Email Address:----- Tel No:-----

C. LOAN TYPE

Max 3 Months

Max 6 Months

Advance: Member

☐

OKOA

☐

Non Member

☐

Express Product

☐

Note: All loan interest rates are on a reducing balance

D. APPLICANTS DECLARATION

I-----hereby apply Ksh. ----- (Amount in words)

-----recoverable in -----instalments, I hereby authorize Wenye Magari Sacco to recover the same from my salary with immediate effect.

Signature----- Date----- ID NO-----

E. GURANTOR'S LIABILITY(For any amounts above ksh. 10,000)

I hereby accept liability for repayment of this loan in the event of the borrower's default. I understand that the amount in default may be recovered by an offset against my savings in the society or by attachment of my salary, and that I shall not be eligible for loans unless the amount in default has been cleared in full.

1. Name----- Amount----- Signature-----

2. Name----- Amount----- Signature-----

F. FOR OFFICIAL USE

Amount Approved Ksh. -----

Signed: -----	-----
Treasurer	Chairperson-Credit Com.

Date: -----	-----
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