

Mortgage & Housing Application Form

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (\checkmark) APPROPRIATE BOX UNLESS OTHERWISE INDICATED

				DD/MM/YYYY	
Member Number	, ,	FOSA Account Number	· · · ·	Date	/

A: MEMBER'S PERSONAL INFORMATION – 1ST APPLICANT/PARTNER

Title: Mr. Mrs. Ms. Dr. Pr	of. 🗌 Hon. 🗌 Other (Please Sp	becify)		
First Name: Surre	ame:	Other Names	:	
D ID No Passport No		KRA PIN NO:		
Marital Status: Single Married Dive	prced Widow(er) Other (Sp	ecify)		
Gender: M F Nationality:	Date o	of Birth: DD/	MM/YYYY	
Primary Phone:	ative Phone:	Secondary	Phone:	
Postal Address:	Code: County:		Country:	
Physical Address:	House No: Ne	earest Landmark	:	
Employer: Date	Employed: DD/MMM/YYYY	Departmen	t:	
Station: Designe	tion:		Staff No:	
Terms of Employment: Permanent Contract	If on contract, duration and expiry:			
Gross Salary:	Net Salary:			
BORROWER(S) REFEREES (TWO SHOULD BE RELATIVES)				
# Name	Address		Mobile Number	Relationship
1				
2				
3				
5				
B: MEMBER'S PERSONAL INFORMATION -	2ND APPLICANT/PARTNER			
Title: Mr. Mrs. Ms. Dr. Pr	of. 🗌 Hon. 🗌 Other (Please Sp	pecify)		
First Name: Surre	ame:	Other Names	:	
D ID No Passport No		KRA PIN No:		
Marital Status: Single Married Dive	prced Widow(er Other (Sp	ecify)		
Gender: M F Nationality:	Date o	of Birth: DD/	MM/YYYY	
Primary Phone:	ative Phone:	Secondary	Phone:	
Postal Address:	Code: County:		Country:	
Physical Address:	House No: Ne	earest Landmark]



Employer: Date Employed:	DD/MMM/YYYY Department:
Station: Designation:	Staff No:
Terms of Employment: Permanent Contract If on cont	tract, duration and expiry:
Gross Salary:	Net Salary:

BORROWER(S) REFEREES (TWO SHOULD BE RELATIVES)

#	Name	Address	Mobile Number	Relationship
1				
2				
3				

C: BORROWINGS FROM OTHER FINANCIAL INSTITUTIONS (ATTACH EVIDENCE)

#	Name of Institution	Amount Borrowed	Date Issued	Long Term	Loan Balance
1					
2					
3					
4					

D: LOAN DETAILS

House Purchase	Project Finance	(Tick Appr	ropriately)	
Loan Amount [KShs]:			Purchase Price [KShs]:	
Repayment Period [Months]		Мо	nthly Repayments P.M. [KShs]:(

E: BUSINESS DETAILS (TO BE FILLED BY OMEGA MEMBERS)

Name of Corporate:		
Registration No.:	VAT No.:	KRA PIN No:
Entity Type: Limited Company Part	nership 🗌 Chama	
Physical Location	Town	e-Mail
If Rented : Lease Period	Remaining Period	Rent Payable:
Primary Phone:	Alternative Phone:	Secondary Phone:

Appraisal Fees % of the loan amountCorporate:



F: SECURITY

The following shall be mandatory for my loan

	Land being Purchased Hou	use being Purchased 📃 Salary	Deposits Other securitie	s required by the Society.
#	Туре	Details [LR No.]	Owners	Estimated Value
1				
2				
3				

G: DECLARATION

I/we declare that the information given is true of my/our knowledge and belief. I/We further authorize QONA SACCO Limited to verify information given herein and make reference from any person(s)/ institution(s) name herein. In connection with this application and/or maintaining a loan facility with the SACCO. QONA SACCO Limited 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 purpose.

Signature of Applicant:	Date:	DD MM YYYY
Signature of Witness:	Date:	DD MM YYYY

H: NEXT OF KIN DETAILS

First Name:	Surname:	Other Names:
Physical Address	Postal Addres	22
Mobile Number	e-Mail Addre	ss
Relationship with the Applicant	ID Card No	
VERIFIED	Designation	DD MM YYYY Date
CONFIRMED		
		DD MM YYYY
Signature	Designation	Date



I: CREDIT COMMITTEE

Loan Status Approved Deferred Rejected	
Loan Approved [KShs] In Words	
Recoverable in Months	
Indicate reasons for Deferred / Rejected Loan	
Inability to Repay History Loan Multiplier Not Met Bounced DDA	To Clear Outstanding Loan First
Insufficient Security Below 1/3 and 10% Rule Membership P	Period Not Met
Others	
Head of Credit Signature:	Date: DD MM YYYY
Approver 2's Signature:	Date: DD MM YYYY
Approver 3's Signature:	Date: DD MM YYYY

CREDIT COMMITTEE

#	Name	Signature	Date
1			
2			
3			

REMARKS

QONA DT SACCO | 0111 222 224/5/6/7 | INFO@QONASACCO.COM | P.O. BOX 2392, 00606, SARIT CENTER | WWW.QONASACCO.COM | SAFARICOM CARE CENTRE, WAIYAKI WAY, WESTLANDS



J: REQUIRED DOCUMENTATION FOR LOAN PROCESSING

A. MEMBER ON EMPLOYMENT (WITHIN THE COMMON BONDS)

- 1. Pay Slips for The Latest 3 Months
- 2. Original Loan Application Form
- 3. Certified Copy of Your Latest Pays Slip
- 4. Copy of Your National ID Card or Passport
- 5. Letter of Contract, Duly Signed by Both the Applicant and Employer
- 6. Sale Agreement/Offer Letter Duly Signed by Both Parties and Witnessed by a Lawyer
- 7. Copy of Title to Property Being Purchased/Charged
- 8. Latest Utility Bill

B. INDIVIDUAL MEMBERS

- 1. Pay Slips for The Latest 3 Months
- 2. Original loan application form
- 3. 3 Months certified copy your latest pays slip if employed.
- 4. Copy of your National I/D Card or Passport
- 5. Letter of Contract, duly signed by both the applicant and employer if employed
- 6. Sale agreement/Offer letter duly signed by both parties and witnessed by a lawyer
- 7. Six months certified bank statement.
- 8. Loan statements of all current facilities with other SACCOs and Banks
- 9. Business registration certificates. Accompanied by a CR12 or Business name (where applicable).
- 10. Current Tax compliance certificate
- 11. Copy of title to property being purchased/charged
- 12. Certificate of Business registration (where applicable)
- 13. Audited books of accounts (where applicable)
- 14. Latest utility bill
- 15. Business Call Report