

LOAN RESTRUCTURING FORM

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

Date: _____

I would like to request for loan restructure of below account details...

APPLICANT DETAILS

First Name: _____ Surname: _____ Other Names: _____
 ID No Passport No _____ Client ID / Mno: _____
Mobile No: _____ Email Address: _____

EMPLOYER DETAILS

Employer: _____ Staff No: _____
Workstation: _____

ADVANCED LOANS DETAILS

TYPE OF LOAN	LOAN AMOUNT	Current Monthly Payment KShs	Requested Monthly Payments KShs	Repayment Period?
1				
2				
3				
4				
5				
TOTAL				

What are the reasons you are applying for the loan to be rescheduled?

ACCEPTANCE

- I understand that my outstanding loan/s balance/s will be re-appraised in the system with the current securities existing securities as it is and will be repaid in monthly instalments.
- I understand that the restructuring process will commence upon the society receiving the first loan restructured payment from my bank Direct Debit / Employer deduction which I have placed effective on ____/____/_____. And I will further provide my six months bank statement to enable the Credit Officer analyze my ability to pay.
- My guarantors, If any, shall be informed of the restructure and the new repayment date and amount.
- I acknowledge the SACCO reserves the right to grant or deny my request for loan/s restructure with no obligation to give reasons for its decision.
- I confirm I have read and understood the above terms and agree to have the loan restructured and hereby undertake to continue with the repayment on monthly basis failure to which the loan will NOT be restructured again and will be due for collection.
- I further confirm that the SACCO has not use any compulsion or threat or exercised undue influence on me to induce me to restructure my existing loan and execute this application form.

FOR OFFICIAL USE ONLY

NEW LOANS DETAILS

Type Of Loan	Loan Balance	Current Monthly Payment KShs	Recommended Monthly Payments KShs	Recommended Repayment Period?	Loan Security
1					
2					
3					
4					
5					
TOTAL					

 Remarks – Credit Officer Recommend Not Recommended

 Name: Date: Signature:

Remarks – Senior Credit Officer Recommend Not Recommended

Name

Date:

DD/MM/YYYY

Signature:

Remarks – Credit Manager Recommend Not Recommended

Name

Date:

DD/MM/YYYY

Signature: