



Ministry of Devolution and Planning

UWEZO LOAN APPLICATION FORM

This form is to be completed in Triplicate, (Original to be sent to Constituency Committee y, a copy for the group and a processed copy sent to the National Secretariat)

1. GROUP DATA

Group name: P.O. Box Code Town.....
 Date of Registration Reg. No./Serial ... No.....
 Bank Branch Bank A/C..No.....

2. i) LOCATION OF THE GROUP

County: Sub County/constituency.....
 Ward..... Location: Sublocation.....
 Name of Chief/Asst. Chief: Tel:..... I certify that I know the
 members of the group and that they are of good conduct to access public funds.
 Signature Official stamp.....

(Mandatory)

ii) LOCATION OF BUSINESS

Township/Estate/Village Plot No./Street
 Nearest Church/Mosque/Primary School to the business.....

3. MEMBERSHIP PROFILE

Gender	No. of Members	Members with disability
Male		
Female		
Total		

4. BRIEF BACKGROUND OF THE GROUP

(i) Purpose/Objective (e.g.) improve Economic well-being of members.....
 (ii) Key activities
 (iii) Achievements
 (iv)Challenges

5. AMOUNT OF LOAN APPLIED FOR

Loan Applied for Kshs.....

NB (Refinancing is subject to repayment of the first loan)

6. STATE THE TYPE OF PROPOSED BUSINESS. Is it start up or expansion?

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a. Business type (Tick)

(i) Start up (New)..... ii) Expansion.....

b. Does the group have a joint/common business? (Tick one) Yes..... No.....

c. If NO, state whether you want to start one jointly or each individual will own his or her business.

7. BUSINESSES INDIVIDUAL MEMBERS PROPOSE TO UNDERTAKE. Complete the table below.

S/No	Name of owner	ID No	Nature of Business	Mobile	Next of kin	Relationship	Mobile
	Eg Jane okumu	xxxxxxx	Retail grocery	0721xxxxxx	John Okumu	Husband	0722xxxxxx
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

8. LOAN CONDITIONS

i) Repayment periodMonths (max 24 months)

ii)Administration Fee(3% of loan disbursed

Please attach 3current signed minutes of group meeting(s) showing members monthly contributions and attendance

9. OTHER MEMBERS GUARANTEE AND COMMITMENT TO LOAN REPAYMENT (MANDATORY)

We, the undersigned are jointly and severally liable for repayment of loan in the event of default and shall not be eligible for additional loans unless the amount in default has been cleared in full.

	Name	ID. NO	Tel No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

10. LOAN TERMS & CONDITIONS BEFORE DISBURSEMENT

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We, the undersigned, being the validly elected leaders of the group hereby commit the group individually and jointly to repay the loan amount disbursed plus.....Administrative Fee to the appointed Account in.....equal installments after the.....month's grace period. We also confirm that the above information is true and authorize the Fund to:

i) Share information of our credit history with Credit Reference Bureaus

ii) Confirm bank details with our bankers as and when necessary

a) Chairperson:.....ID.No.....Tel No.....Signature.....date.....

b) Secretary:.....ID.No.....Tel No.....Signature.....date.....

a) Treasurer:.....ID.No.....Tel No.....Signature.....date.....

NB: Please attach 3current signed minutes of group meeting(s) that agreed to the terms and conditions of the borrowing.

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11. Recommendation from Constituency Uwezo Fund Management Committee

Reasons for recommending approval/decline

.....

1. Chairman.....Signature.....Date.....

2. Secretary.....Signature.....Date.....

Minute No.:.....Date:.....

We have validated and technically assessed the proposal and we recommend as follows:

Approved: Amount Kshs.(in words).....

Repayment period:.....Months

Deferred: Reasons

.....

Rejected: Reasons

.....

Signed by Chairperson:.....

Witnessed by Secretary:.....

Minutes Signed by all CUFMCs members sitting on date/...../20...../place

.....

12. Check list of copies of documents attached (☐)

- Certified copy of Registration Certificate
- Bank A/C statement
- Copies of IDs of All members
- Minutes of group meetings
- List of members with IDs & Tel Nos.
- Uwezo fund training certificate

I, Mr./ Mrs. /Ms.....(secretary CUFMC).....Constituency,
confirm that all the documents are attached and relevant information captured.

Signed.....Date...../.../20.....

Application No:

Date Recommended:

Date received:

Date sent to Nairobi:

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