

LIMITED LIABILITY COMPANIES LOAN APPLICATION FORM

Branch:	Date of Application:
This is an official S&L Mortgages application form, which must be completed in full and all supporting documents attached. An application in the name of a Limited Liability Company will be dealt with in accordance with laws governing such entities.	

COMPANY DETAILS

(Please attach copy of Registration Certificate and PIN certificate)

Company Name:			
Registration Date:	VAT Number:	PIN No:	
Building Name:	Building Block No:	Street:	
Office Address:	Postal Code:	Office Tel.:	Fax No:
E-mail:	Website:	Town:	Country:

PARTICULARS OF DIRECTORS

(Please attach copy of ID and PIN Certificate)

FIRST DIRECTOR

Surname:	Other Names:	Gender:	
Date of Birth:	ID/Passport Number:	Marital Status:	
PIN No:		Nationality:	
Name of Employer:		Personal/Staff No:	Date Employed:
Department:	Station:		Designation:
Building Name:		Building Block No:	Street:
Office Address:	Postal Code:	Office Tel:	Fax No:
E-mail:	Website:	Town:	Country:
Terms of Employment: Permanent <input type="checkbox"/> Contract <input type="checkbox"/>		If on contract duration to expiry of contract:	
Residential Status: Owned <input type="checkbox"/> Rented <input type="checkbox"/> Living with parents <input type="checkbox"/> Other <input type="checkbox"/>			
Home Address:		Postal Code:	Home Tel:
Fax No:	E-mail:	Town:	Country:
Physical Address-Estate:		House No:	Street:
Gross Salary (Ksh):		Net Salary (Ksh):	
Previous Employment Details:			
Name of Employer in full:		Building Name	Building Block No:
Office Address:		Postal Code:	Telephone:
Fax No:	E-mail:	Website:	
Town:	Country:		
Employment station:	Employment designation:	Last date of employment:	

HEAD OFFICE COMMENTS:

Not Processed.
Reason for not processing the application:

Name: _____ Signature: _____ Date: _____

Mortgage Division, Lonrho House,

18th Floor, P. O. Box 45129-00100 Nairobi,

Tel: 020 4955000, 0711 087000, 0732 187000,

Fax: 020 318539, Email: mortgages@kcb.co.ke

FOR OFFICIAL USE ONLY

Branch:	Date Received:
Name of Applicant:	Account No:
Sales Representative No:	

BRANCH:

I confirm that I have checked and verified that the application meets the minimum requirements for the scheme under KCB Personal Loans as indicated in the checklist below:

Minimum Requirements	Yes/No												
1. The application has been properly completed and no blank spaces have been left. In spaces where the information called for is not applicable, the applicant has clearly indicated 'N/A'.													
2. Total expenditure (including repayment of the requested loan) will not exceed 2/3 of applicant's net profits if the requested loan is granted.													
3. Applicant's accounts have been well conducted (if maintained with KCB). The accounts are active (not dormant) and we have not had to dishonor more than 2 cheques in the last 6 months for lack of adequate funds in the account.													
4. The income(s) indicated in the application form are correct and agree with account statements (if any) and pay slips submitted, which I have perused and consider to be satisfactory documentary evidence of such income(s).													
5. Other supporting documents (Certified copy of Memorandum and Articles of Association, Certificate of Incorporation, Audited Accounts and Balance sheet for latest 3 years, Bank Account statements for latest 12 months, Income tax return latest 3 years with filing receipts, Valid Sale agreement., Board of Directors resolution authorizing (The borrowing and repayment thereof, Opening of an S&L account, Provision of securities for the loan, Nominating signatories to operate the S & L account and execute securities or witness company seal on security documents have been submitted and I am able to verify all the key details in the application form.													
6. The company is a duly registered entity													
7. Previous loan and overdraft facilities (if any) granted to the applicant or associates have been well serviced and the account(s) have been trouble-free.													
8. Indicate current outstanding loan balances below (If any)													
<table border="1"> <thead> <tr> <th>Loan Account Number.</th> <th>Outstanding Balance(s)</th> <th>Repayment Amount.</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td></td> <td></td> </tr> <tr> <td>b)</td> <td></td> <td></td> </tr> <tr> <td>c)</td> <td></td> <td></td> </tr> </tbody> </table>	Loan Account Number.	Outstanding Balance(s)	Repayment Amount.	a)			b)			c)			
Loan Account Number.	Outstanding Balance(s)	Repayment Amount.											
a)													
b)													
c)													

Sales person Name _____ Signature _____

Date _____

Branch Manager/Advances Department Name _____ Signature _____

Date _____

If the application is in respect of a building under construction

(i) Purchase price of plot / land _____

(ii) Estimated cost of construction _____

(iii) Estimated cost of work done _____

Valuation and viewing requirements

(i) Who should the valuer contact to value the property? _____

(ii) Details of person selling property (purchase case) _____

Name _____

Address _____ Tel. No _____

Details of person selling property (purchase case)

Name _____

Address _____ Tel. No _____

Name of your Lawyers _____

Name of your Bankers _____

Supplementary information

Year 1

Profits _____ Kshs. _____

Expenses _____ Kshs. _____

Year 2

Profits _____ Kshs. _____

Expenses _____ Kshs. _____

Year 3

Profits _____ Kshs. _____

Expenses _____ Kshs. _____

(Attach Audited accounts for last 3 years)

Consent pursuant to Credit Reference Bureau (CRB) regulations

I/We hereby authorize the Bank to disclose and or obtain any information relating to my/our account(s) to and or from any credit reference bureau or any other institution or third party as it deems necessary. I/we declare we have not been adjudged bankrupt I/we understand that you may in your sole discretion reject this application without having to provide any reasons.

Director's declaration and signatures

I/We undertake to notify the company immediately of any situation, which materially changes the representation of this application.

I/We confirm that KCB has not offered any other advice regarding suitability of the property or mortgage and that I/We shall obtain independent legal advice with regard thereto.

Signed on behalf of company by:

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Date _____

Other Directorships (director 1)		
Name	Company	Shareholding

SECOND DIRECTOR

Surname	Other Names:	Gender:	
Date of Birth:	ID/Passport Number:	Marital Status:	
PIN No:	Nationality:		
Name of Employer:	Personal/Staff No:	Date Employed:	
Department:	Station:	Designation:	
Building Name:	Building Block No:	Street:	
Office Address:	Postal Code:	Office Tel:	Fax No:
E-mail:	Website:	Town:	Country:
Terms of Employment: Permanent <input type="checkbox"/>	Contract: <input type="checkbox"/>	If on contract, duration to expiry of contract:	
Residential Status : Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	Living with parents <input type="checkbox"/>	Other <input type="checkbox"/>
Home Address:	Postal Code:	Home Tel:	Cell Phone:
Fax No:	E-mail:	Town:	Country:
Physical Address-Estate:	House No:	Street:	
Gross Salary (Ksh):	Net Salary (Ksh):		

Previous Employment Details

Name of Employer in full:	Building Name:	Building Block No:	Street:
Office Address:	Postal Code:	Telephone:	
Fax No:	E-mail:	Website:	
Town:	Country:		
Employment station:	Employment designation:	Last date of employment:	

Other Directorships (director 2)

Name:	Company:	Shareholding:

Details of associated companies and subsidiaries

Company Name:			
Company Registration Date:	VAT Number:	PIN No:	
Building Name:	Building Block No:	Street:	
Office Address:	Postal Code:	Office Tel:	Fax No:
E-mail:	Website:	Town:	Country:

Company Name:			
Company Registration Date:	VAT Number:	PIN No:	
Building Name:	Building Block No:	Street:	
Office Address:	Postal Code:	Office Tel:	Fax No:
E-mail:	Website:	Town:	Country:

PARTICULARS OF SIGNIFICANT SHAREHOLDERS

(Please attach copy of Reg. Cert/ID and PIN certificate)

FIRST SHAREHOLDER

Surname:	Other Names:		
Date of Birth:	Gender:	Marital Status:	
ID/ Passport No:	PIN No:	Nationality:	
Name of Employer:	Date Employed:	Department:	
Station:	Designation:	Personal/Staff No:	
Building Name:	Building Block No:	Street:	
Office Address:	Postal Code:	Office Tel:	Fax No:
E-mail:	Website:	Town:	Country:

Terms of Employment: Permanent <input type="checkbox"/>	Contract: <input type="checkbox"/>	If on contract duration to expiry of contract:	
Home Tel:	Cell Phone:		
Home Address:	Postal Code:	Fax No:	
E-mail:	Town:	Country:	
Physical Address-Estate:	House No:	Street:	
Gross Salary (Ksh):	Net Salary (Ksh):		

Previous Employment Details:

Name of Employer in full:		
Building Name:	Building Block No:	Street:
Office Address:	Postal Code:	Telephone:
Fax No:	E-mail:	Website:
Town:	Country:	
Employment station:	Employment designation:	Last date of employment:

SECOND SHAREHOLDER

Surname:	Other Names:		
Date of Birth:	Gender:	Marital Status:	
ID/ Passport No:	PIN No:	Nationality:	
Name of Employer:	Date Employed:	Department:	
Station:	Designation:	Personal/Staff No:	
Building Name:	Building Block No:	Street:	
Office Address:	Postal Code:	Office Tel:	Fax No:
E-mail:	Website:	Town:	Country:

Terms of Employment: Permanent <input type="checkbox"/>	Contract: <input type="checkbox"/>	If on contract duration to expiry of contract:	
Home Tel:	Cell Phone:		
Home Address:	Postal Code:	Fax No:	
E-mail:	Town:	Country:	
Physical Address-Estate:	House No:	Street:	
Gross Salary (Ksh):	Net Salary (Ksh):		

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Building Name:	Building Block No:	Street:
Office Address:	Postal Code:	Telephone:
Fax No:	E-mail:	Website:
Town:	Country:	
Employment station:	Employment designation:	Last date of employment:

PARTICULARS OF GUARANTORS

(Please attach copy of ID and PIN certificate)

FIRST GUARANTOR

Surname:	Other Names:		
Date of Birth:	Gender:	Marital Status:	
ID/ Passport No:	PIN No:	Nationality:	
Name of Employer:	Date Employed:	Department:	
Station:	Designation:	Personal/Staff No:	
Building Name:	Building Block No:	Street:	
Office Address:	Postal Code:	Office Tel:	Fax No:
E-mail:	Website:	Town:	Country:

Terms of Employment: Permanent <input type="checkbox"/>	Contract: <input type="checkbox"/>	If on contract duration to expiry of contract:	
Home Tel:	Cell Phone:		
Home Address:	Postal Code:	Fax No:	
E-mail:	Town:	Country:	
Physical Address-Estate:	House No:	Street:	
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Town:	Country:	
Employment station:	Employment designation:	Last date of employment:

SECOND GUARANTOR

Surname:	Other Names:	
Date of Birth:	Gender:	Marital Status:
ID/ Passport No:	PIN No:	Nationality:

Name of Employer:	Date Employed:	Department:	
Station:	Designation:	Personal/Staff No:	
Building Name:	Building Block No:	Street:	
Office Address:	Postal Code:	Office Tel:	Fax No:
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Terms of Employment: Permanent <input type="checkbox"/>	Contract: <input type="checkbox"/>	If on contract duration to expiry of contract:	
Home Tel:	Cell Phone:		
Home Address:	Postal Code:	Fax No:	
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Gross Salary (Ksh):	Net Salary (Ksh):		

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Office Address:	Postal Code:	Telephone:
Fax No:	E-mail:	Website:
Town:	Country:	
Employment station:	Employment designation:	Last date of employment:

LOAN DETAILS

Purchase Mortgage plus Construction Project finance (Tick as appropriate)

Loan amount (Ksh) _____ Purchase price / BQ amount (Ksh) _____

Purpose of loan _____

Repayment period _____ (months) Monthly payments (Ksh) _____ p.m.

BORROWINGS FROM KCB AND OTHER INSTITUTIONS

Lending institution	Outstanding Loan Balance	Repayment Amount	Comments
Totals			

(Please attach documentary evidence)

Particulars of property

- Location and Land Reference No. of the property to be mortgaged _____
- Is the property freehold or leasehold? _____
- If leasehold, state date of issue of the lease _____
- Where are the title documents? _____
- What is the purchase price? _____
- How much is the rental income, if any? _____