

P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000 Email: <u>info@ukulimasacco.coop</u> Website: <u>www.ukulimasacco.coop</u>

ADDITIONAL/REPLACEMENT OF GUARANTORS FORM

UCSCS/F/LOANS/003

PERSONAL/LOAN DETAILS

Loan Applicant's Name		.Membership No
Payroll No	National ID No	Cell Phone (Self) No
Loan Type Applied	Repayment Period Months.	Loan No
Amount Applied Kshs	(In Words)	
(Amount indicated here should not differ	from the amount as stated in the Loan Ap	plication Form)

Signature Date

REPAYMENT GUARANTEE

We/I the undersigned hereby accept jointly and severally liability of the repayment of the loan in the event of the borrower's default. We/I understand that the amount in default may be recovered by an equal offset against our deposits in the society or by attachment of our salary, property or any other benefits due to us and that we shall not be eligible for loans unless the amount in default has been cleared in full.

GUARANTORS

P/NO.	ID NO.	NAME	DEPOSITS	TELEPHONE NO.	SIGNATURE	EARLIER GUARANTOR TO BE REPLACED (IF ANY)	
				NO.		NAME	ID NO