



UNS - SACCO

United Nations Staff Cooperative Savings & Credit Society Ltd  
Plot 27 Clement Hill Road, P.O. Box 7184, Kampala Tel: 0414 233440/1

United Nations Staff Savings  
& Credit Co-operative organization, Uganda  
P.O Box 7184, Kampala. Tel: +256-312-110414  
WEBSITE: WWW.UNS-SACCO.ORG

**LOAN APPLICATION FORM**

INDEX NO: / CO-OP NO: \_\_\_\_\_

**Fixed term.....**

Loan Application No \_\_\_\_\_

**Service contract.....SSA.....**

**ATTACH THE FOLLOWING:**

- 1. A copy of your latest pay slip.
- 2. Copy of your I/D Card or Passport.
- 3. Letter of Contract.
- 4. Recent bank statement.

**PART 1A**

1. Applicant's full Names as per ID Card/Passport

\_\_\_\_\_

2. Passport No \_\_\_\_\_

3. Date of birth \_\_\_\_\_

4. Duty Station \_\_\_\_\_

5. Job Title \_\_\_\_\_

6. Agency \_\_\_\_\_

7. Bank \_\_\_\_\_

8. E-mail \_\_\_\_\_

9. Cell phone \_\_\_\_\_

10. Amount applied UGX \_\_\_\_\_ in words \_\_\_\_\_

11. Repayable in \_\_\_\_ months.

12. First date of Appointment...../...../.....

Expiry date of the contract...../...../.....

13. Purpose for which loan is applied \_\_\_\_\_

**PART 2A**

**OTHER OBLIGATIONS**

1. **Bank Loan**

2. **Staff Association Loan**

3. **Emergency loan .....**

Bank Name.....

Name of Association.....

Amount.....

Amount.....

Monthly repayments.....

Monthly repayments.....

Monthly savings.....

Loan Applicant's Signature ..... Date...../...../.....

**Note to all loan applicants: Emergency loan product is now available at a maximum of 2,000,000/= For 4 months at 2% per month.**



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**PART B**

**LOAN GUARANTEE AGREEMENT**

**Repayment Guarantee**

We, the undersigned, hereby accept jointly and severally liability for the repayment of the loan Amount of UGX..... (Amount in words).....  
For period of .....Months to be paid in installments of UGX..... At an interest .....% p.a in the event of the borrower’s default. We understand that the amount in default may be recovered by an equal offset against our shares in the organization or by attachment of our property, salary and other benefits, and we hereby jointly and severally authorize the organization to recover the amount from our shares in the organization, attachment of our property, salary and other benefits (as the organization may elect) in the event of the borrower’s default

**Caution – Guarantor Details**

(Guarantors are advised to read all the information supplied in this form by the applicant and terms and conditions contained here in order to understand the full implications of signing this part)

Name(in full)	Title	Index/ID No	Agency	Tel/Email	Amount Guaranteed	Signature/Date

Guarantee for up to a maximum of one’s wish will be allowed

**Witnessed by UNS-SACCO (Official)**

**Name**.....

**Signature**.....

**Date**...../...../.....

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**PART C I. BRANCH CREDIT COMMITTEE**

**Client Name.....Agency.....Index no.....Id no.....**  
**Fixed term.....Service contract.....or SSA.....**

Loan Amount **Recommended UGX** \_\_\_\_\_ in words \_\_\_\_\_

\_\_\_\_\_ Recoverable in \_\_\_\_ months at.....% Interest.

Installment per month.....First date of deduction...../...../.....Last date of payment...../...../.....

Chairman’s Signature.....Date.....

Secretary’s Signature.....Date.....

**PART C II. BOARD/MANAGEMENT CREDIT COMMITTEE**

Loan Amount **Approved UGX** \_\_\_\_\_ in words \_\_\_\_\_

\_\_\_\_\_ Recoverable in \_\_\_\_ months at.....% Interest.

Installment per month.....First date of deduction...../...../.....Last date of payment...../...../.....

**Indicate reasons for deferred / rejected loan**

**1. Reasons for deferred Advance**

1. Incomplete information, or lack of supporting documents

2. Timeliness

3. Inadequate funds to meet loan demand

**2. Reasons for Rejected Loan**

Inability to repay

Ineligible Purpose

Inadequate to clear outstanding loan first

Loan not in proportion to shares

Lack of proper guarantors or security

Membership period

Total deductions on pay slip exceed 2/3 of basic salary

Credit Committee’s Minute Number.....Date.....

Chairman’s Signature and Name.....Date.....

Secretary’s Signature and name.....Date.....

Member’s Signature and name.....Date.....

REMARKS

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