

SALARIED LOAN APPLICATION FORM

Date of Application.....

PARTICULARS OF APPLICANT

Surname: _____ Other Names: _____

County: _____ Constituency: _____ Postal Address: _____

Code: _____ Town: _____ Tel No: _____ Email: _____

Date of Birth: _____ ID NO: _____ KRA PIN: _____ Gender M F

EMPLOYMENT DETAILS

Employer Name: _____

Postal Address: _____ Telephone: _____ Physical Address: _____

Designation: _____ PF NO: _____ Employment Terms: Permanent Contract

Duty Station: _____ Department: _____ Length Of Service: _____

Gross Salary: _____ Net Salary: _____

LOAN PARTICULARS

Loan amount Plus Interest (Kshs): _____ Repayment Period: _____ (Months)

Monthly Repayments (Kshs): _____ Purpose of the loan: _____

SAVING/CURRENT ACCOUNT DETAILS

	Bank	Branch	Branch code
1			
2			

LOANS IN OTHER BANKS/ FINANCIAL INSTITUTIONS

NAME OF LENDER	DATE GRANTED	AMOUNT	PERIOD	MONTHLY INSTALMENT	OUTSTANDING AMOUNT

OTHER FINANCIAL INFORMATION

INCOME		EXPENSES	
Description	Amount	Description	Amount
Net salary		Rent	
Farming		Utility	
Businesses		Transport	
Others		Education	
		Others	
TOTAL		TOTAL	
Net Surplus/deficit Kshs.			

BUSINESS ASSESSMENT

Major Business Contractors/Suppliers: (See receipts)	Major Business Markets: (See records/sales books)
How often do you buy? (Weekly, monthly etc.)	
How much do you buy each time?	How long does it take to produce/sell?
Will this change as a result of the loan? If Yes, how?	How much on average do you make in a Month?

GROSS PROFIT MARGIN ON BEST SELLING PRODUCTS

Product	Selling Price (A)	Cost of Goods sold (Purchases + Cost of Production (B))	Gross Profit Margin (A-B) / A
1.			
2.			
3.			
Average			

BUDGET BREAKDOWN FOR THE LOAN REQUESTED

ITEMS/PARTICULAR	QUANTITY	AMOUNT
GRAND TOTAL		



AUTHORITY TO EMPLOYER TO RECOVER LOAN THROUGH CHECK-OFF SYSTEM

I _____ whose particulars are indicated above, do hereby give my employer _____ irrevocable authority to recover from my salary, monthly repayments of Kshs. _____ p.m. over a period of _____ months and remit the same to Youth Enterprise Development Fund for the credit of loan No. _____

In the event of my termination from employment for any reason whatsoever, I do hereby authorize my employer to deduct from my final dues and pay outstanding loan to the same institution.

Signature: _____ Date _____

GUARANTORS INFORMATION:

Guarantor’s Name: _____ ID No: _____ Telephone _____
Email: _____ PF No. _____ Designation: _____

Relationship to applicant: _____ Signature: _____ Date: _____

Guarantor’s Name: _____ ID No: _____ Telephone: _____
Email: _____ PF No. _____ Designation: _____

Relationship to applicant: _____ Signature: _____ Date: _____

GUARANTEE BY EMPLOYER:

I hereby confirm that the above loan applicant is an employee of _____ and has not opted for early retirement. In case of early termination, the institution will inform **Youth Enterprise Development Fund** of the same. The institution will further assist in the management of the indebtedness of the applicant and where necessary, it will pay any outstanding amount arising out of this application plus any accrued interest from the employee benefits.

I also certify that the attached pay slips are authentic and reflects a true picture of the applicant’s earnings and commitments. The institution undertakes not to further commit the applicant’s earnings which may affect his/her ability to service the loan.

- The institution has no objection to this loan being processed.
- The institution advises the Youth Enterprise Development Fund not to process the application for these reasons;

The Youth Enterprise Development Fund retains the Authority to approve the loan.

_____ Recommending Manager	_____ Designation	_____ Date	_____ Sign & Official Stamp
_____ Human Resource Manager	_____ Signature	_____ Date	_____ Official Stamp

Youth Enterprise Development Fund: Renaissance corporate park, 5th Floor, P.O. Box 48610-00100 Nairobi. **Tel:** 0202414423, 0202646327, +254723522841 **Email:** info@youthfund.go.ke, www.youthfund.go.ke



For official use only

A. Remarks by county officer

County Officer: Signature Date

B. COUNTY VETTING COMMITTEE

Result of evaluation: Recommended Pended Declined

Remarks
.....

Member Name	Designation	Signature	Date
1.
2.
3.

C. HEAD OFFICE VETTING COMMITTEE

Result of evaluation: Approved Pended Declined

Remarks
.....

Member Name	Designation	Signature	Date
1.
2.
3.
4.

D. LENDING & INVESTMENT MANAGER

Result of evaluation: Approved Pended Declined

Remarks
.....

Name.....Date.....Sign.....

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