

Group Loan Application Form

Group Name: _____
 Meeting Day: _____ Application Date: _____
 Branch/Meeting Point: _____ Group Serial No _____
 Membership Registration Date _____ Total Members in the Group _____
 Total Members on Loan _____

Personal Information

Applicant's Name _____
 Known Name at Home/Shop _____
 Applicant's Account Number _____
 Date of Birth _____ /Phone Number _____
 Marital Status: Married / Unmarried / Divorced / Widow
 Gender: Female Male
 Permanent Residential Address _____

Spouse's Name _____ Spouse's phone Number _____
 Is the applicant involved with other MFB or MFI? Yes No

Business Information

Type of Business _____ No. of years in this business _____
 Business Address _____
 Average Monthly Income _____ Average Monthly Expenditure _____
 Savings Balance =N= _____ GTF Percentage _____ GTF Amount =N= _____
 Fresh Loan Repeat Loan (Tick as applied)

Current Loan Terms

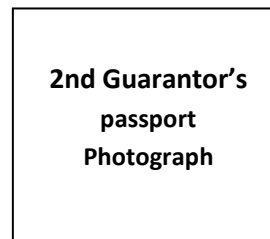
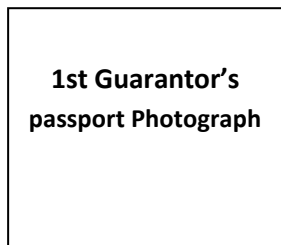
Loan Amount Applied for =N= _____ Loan Cycle _____ Previous Loan Amount N= _____
 Purpose of loan _____ Interest Rate _____
 Loan Duration _____ No of Installments _____ First Installment Date _____
 Application Fee =N= _____ Loan Processing Fee=N= _____ Risk Fund=N= _____
 Other fees =N= _____

Declaration

I, _____ with a permanent address at _____
 _____ sign this on this day, the _____ of _____
 I hereby certify that this declaration shall also be applicable to my heirs, caretakers, nominated representatives, guarantors, group members and other concerned individuals. I hereby give **RELIANCE Microfinance Bank** the absolute legal right and authority to take over my goods,

properties and balances in my savings account in order to satisfy this loan obligation in case of any default. I further certify that I shall abide by all rules and regulations of **RELIANCE Microfinance Bank** and pledge.

Signed by borrower _____ Date: _____



Guarantors' Declaration:

I/We hereby declare that I/We personally know _____ whose name and **passport Photograph** appear overleaf, and that I /We am / are willingly taking the personal responsibility of ensuring timely repayment of the loan installments and interest due from the applicant to **RELIANCE Microfinance Bank** as stated herein. In case of failure of payment by the applicant, **RELIANCE Microfinance Bank** reserves the legal rights to recover any amount due from the applicant from me/us.

Guarantor 1:

Name of Guarantor _____
Profession: _____
Relationship with Applicant _____
Home Address: _____

Business Address: _____

Phone No: _____
Signature: _____

Guarantor 2:

Name of Guarantor _____
Profession: _____
Relationship with Applicant _____
Home Address: _____

Business Address: _____

Phone No: _____
Signature: _____

Recommendation of RO and BDM:

I have personally checked and verified the authenticity of this applicant, I promise to recover any amount due if the applicant fails to repay, and/ or defaults on any installments.

Relationship officer's remark: _____

Name: _____ ID No. _____ Signature _____ Date _____

Business Dev. Manager's remark _____

Name: _____ ID No. _____ Signature _____ Date _____

Information/Group Members Guarantee

Guarantee by Group Leader, Secretary, Treasurer, and all Other Members: We hereby attest that we know the applicant and promise to recover any amount falling due to **RELIANCE Microfinance Bank**, if the applicant fails to pay in time or defaults.

We hereby give **RELIANCE Microfinance Bank** the absolute legal right and authority to draw from our savings account balances in order to satisfy this loan obligation in case of any default.

S/N	Name	Signature	Mobile No.
GROUP OFFICIAL			
1			
2			
3			
OTHER MEMBERS			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

FOR OFFICIAL USE ONLY

APPROVAL

1. **Final Amount Approved**.....
2. **Interest Rate**.....
3. **Processing Fee**.....
4. **Loan Duration**.....
5. **No. of Installment**.....
6. **Guarantee Fund Rate/Amount**.....
7. **Repayment frequency**.....

Head Risk Mgt & Internal Control: Signature_____Date_____

Chief Operating Officer: Signature:_____Date_____

Managing Director: Signature:_____Date_____