



UWEZO FUND OVERSIGHT BOARD

Lonrho House, 16th Floor, Standard Street, Nairobi

1. GROUP INFORMATION

visit our website: http://www.uwezo.go.ke

P.O Box 42009-00100 NAIROBI Email: Info@uwezo.go.ke

UWEZO WEZESHA MAJUU GROUP LOAN APPLICATION FORM

This form is to be completed in Triplicate, (**Original** to be sent to Uwezo Fund, and **copies** to Ministry of Labour and Social Protection, State Department for Labour and skills Development and one to be retained by the group)



i	ii) Groups clustered by	Country of Destinat	ion			
	☐ Middle East		.Country			
	☐ Europe Cluster.		Country			
	☐ North America.		State			
	☐ Asia		Country			
iii)	Groups clustered by I		•			
(Ti	ck where applicable ar	nd specify the area o	f specialization)			
	☐ Healthcare and	l Caregiving				
	☐ Construction and Engineering					
	☐ Hospitality and	Tourism				
	☐ Information Te	chnology				
		and Industrial Work				
		d Agribusiness				
		nd specialists				
2 . r	MEMBERSHIP PROFILE					
	nder	No. of Members	Members w	ith disability		
Ma						
	male					
Tot	cal					
3	BRIEF BACKGROUND (OF THE GROUP				
	Purpose/Objective					
(.)	· urposo, objective					
(iii)	Proposed activities					
_						
	INDIVIDUAL MEMBER		aa Mahila Dhana	Cub location of		
S/No.	Member Name	ID No. &Pa	ss- Mobile Phone Number	Sub-location of the Member		
1.		port No.	Number	the Member		
1.						
2.						
۷.						
3.						
4.						



S/No.	Member Name	Loan Purpose(e.g. Air ticket, Visa application, maintenance expenses)	Amount (Kshs.)	Signatur
1.				
2.				
3.				
4.				
5.				
	Grand Total			
We, mit amo	the group jointly and severally unt disbursed as per terms and Repayment period shall be a m Grace period of not more than a Repayment shall be through a d's account.	mbers of to repay KShs conditions listed below: aximum of six (6) months.	being the tot	al loan

BETA AHADI YETU KAZI KWAKO





(ii)	Bank Account name		······································					
(iii)	Branch name							
(iv)	(iv) Bank Account No							
NB: At	NB: At least five applicants to be signatories							
(MA	MBERS GUARANTEE AND COMMINDATORY)	MITMENT TO LOA	N REPAYMENT					
(i) Co (ii) De	undersigned hereby: onfirm that we are members of clare that the information provided e further authorize Uwezo Fund to	I herein is true to th	e best of our knowl					
(iii) We (v) In	here-in, (iii) We agree that jointly and severally we are liable for repayment of the loan, (v) In the event of default, we shall be subjected to the terms and conditions of this							
	an, and e shall not be eligible for addition	al loans until the a	mount in default ha	ac haan				
	eared in full.		nounc in deladic ne	ds been				
	Member Name	ID. NO&	Mobile phone	Signature				
cle								
S/No.		ID. NO&	Mobile phone					
S/No. 1.		ID. NO&	Mobile phone					
S/No. 1. 2.		ID. NO&	Mobile phone					
S/No. 1. 2.		ID. NO&	Mobile phone					
S/No. 1. 2. 3. 4.		ID. NO&	Mobile phone					
S/No. 1. 2. 3. 4. 5.		ID. NO&	Mobile phone					



Declined		
Reasons for de- cline		
Loan Officer	Signature Date	
11. CHECK LIST OF COPIES OF	DOCUMENTS ATTACHED	
☐ Certified copy of Registration	n Certificate	
$\ \square$ Evidence of Bank account in	the name of group	
\square Evidence of Bank account fo	r individual members of the group	
☐ Copies of IDs of All members	5	
☐ Copy of the Employment Co	ntract certified by NEA	
☐ Copies of valid Kenyan pass	oort of all members	

BETA AHADI YETU KAZI KWAKO







Ministry of Cooperatives and Micro, Small and Medium Enterprises Development

UWEZO WEZESHA MAJUU INDIVIDUAL LOAN APPLICATION FORM

This form is to be completed in Triplicate, (Original to be sent to Uwezo Fund, and copies to Ministry of Labour and Social Protection, State Department for Labour and skills Development and, one to be retained by the individual)

Applicant Name:
Gender:
☐ Male
☐ Female
I.D Number: Passport Number:
Date of Birth:
KRA PIN number:
Mobile Phone number:
Level of Education:



Ema	il address:					
P. 0	. Box:	Code:	Т	own:		
Num	nber of Dependants:					
	OCATION stituency:	County: .				
War	d	Location:		Sub-locati	on	
3.	NEXT OF KIN DETAILS	6				
	Name					
	ID number:		Postal Add	dress: To	own:	Code:
	KRA PIN No.		Email:			
Relationship:			Mobile Phone No.		Gender:M/F:	
	Physical address					
4	Do amaitan ant Dataila					
4.	Recruitment Details			T		
	Name of Local Recruitme	ent Agent				
	Agent Numer (NEA)					
	Employer Abroad					
	Country of Destination					

4.	Recruitment Details								
	Nature of Work								
	Duration	/Tenure of Wor							
	Monthly Remuneration (Gross)								
5. BI	UDGFT F	BREAKDOWN	FOR LOAN RE	OUESTED					
S/N		MS/PARTICUL				AMOUNT (KSHS.)	<u> </u>		
		-15/ FARTICOL				APICOITT (RSTIS.)			
1									
2									
3									
4	•								
5									
			Gra	nd Total					
6. B	ANK ACC	COUNT DETAI	LS						
	Name:			unt No.:	D	ranch Name			
Dalik	. Name.		ACCO	unt no	Б	ranch Name			
			•••••			······································	· 		
7. CRE	DIT HISTO	RY							
Have tails	you eve	r applied for loa	an before? Yes/	No () If yes	s provide th	e following de-			
Nam	e of	Date applied	Amount	Duration of	Monthly in	- Outstanding			
					L				



lender		loaned	Loan	stalment	amount
			'		
8. TO BE SIG	ONED BY THE	APPLICANT			
Name:		Si	gnature:		Date:
	······································				
9. FOR OFFI	CIAL USE ON	LY			
Recommend	lation:				
Recommende	ed				
Declined					
Reasons for d					
ciine					
Loan Officer	:	Signat	ure:	D	ate:

BETA AHADI YETU KAZI KWAKO



