



Safra

Personal Secured Loan Application Form

MY PERSONAL DETAILS

Title (tick appropriate box) Mr Mrs Miss Dr Prof Others _____

First Name(s) _____

Previous name(s) if any (eg. maiden name) _____

Nationality _____ IDNo./ Passport No. (please attach copy) _____

Country of residence _____ PIN Number (plus copy of PIN Certificate) _____

Date of Birth _____ Telephone No. _____

Postal Address _____ Office Tel No. _____

Home Tel No. _____ Mobile No. _____

E-mail Address _____

Marital Status Single Married Divorced Widowed

No. of dependants _____

Education Level Post Graduate/Professional GraduateDiploma Certificate High School

Next of Kin (Name) _____

Relationship Spouse Child Parent Other (Please specify) _____

Next of Kin Tel Contacts _____ Postal Address _____

Postal Code _____ Town/ City _____ Country _____

MY BANK DETAILS

Do you have an account with Safra Bank Yes No

Branch _____ Account No. _____

Number of years with Safra Bank _____ Existing loans with Safra Bank Yes No Balance

_____ Date drawn _____ Date paid _____ Other

Bank Account Details

Bank/Institution _____ Branch _____ A/C Type _____ Facilities Taken _____ Monthly Repayment _____ Outstanding Amount _____

ii _____

iii _____

iv _____

How long have you had the above accounts? i _____ ii _____ iii _____ iv _____

ABOUT MY RESIDENCE

Current residential address (please give full details - plot No., street name, area etc) _____

Length of stay at present address _____ Years

Previous residence address (if less than 3 years at current residence) _____

Type Rented Owned Living with parents Mortgaged Employer provided

Permanent address if different from present address (*foreign nationals, please provide address in home country*) _____

MY WORK DETAILS

Name of current employer _____ No. of years with employer _____

Work address _____ Telephone No. (Work) _____

Occupation _____ Employment sector _____

Contract tenure _____ Expiry date _____

Salary received at Safra Bank Yes No

Date when salary received _____

Name of previous employer (*if less than 3 years with current employer*) _____

No. of years with previous employer _____

Anticipated retirement age _____ is salary paid direct to the bank by your employer Yes No

Frequency of salary payment Weekly Fortnightly Monthly Others (*please specify*) _____

MY LOAN DETAILS

I would like to apply Personal Loan Top-up

Amount required Kshs _____ Loan Tenure (*months*) _____

Purpose of loan (Please specify) School fees Home Improvement Medical
 Car Plot purchase

Others _____

Loan Tenure _____ (*months*) _____

MY CREDIT CARD DETAILS

Do you have a credit card? Yes No If No, would you like a Safra Visa Credit Card? Yes

Please provide details of your Credit Card(s) No 1st Credit Card

Name of card provider _____ Card No. _____

Expiry date _____ Limit _____

2nd Credit Card

Name of card provider _____ Card No. _____

Expiry date _____ Limit _____

REFEREES

Referee 1

Referee 2 (must be a relative)

Full Name _____

Relationship _____

No. of years acquainted _____

Nationality _____

Telephone No. (Office) _____

Telephone No. (Mobile) _____

Telephone No. (Office) _____

Physical address (work/Residence) _____

E-mail address _____

How did you hear about Safra Bank Personal Loans

Please tick where applicable Press advertisement TV advertisement Existing customer

Radio advertisement Direct mail Telesales **D** Refe

If it's a campaign (please specify) _____

Others (please specify) _____

INCOME AND EXPENDITURE STATEMENT FOR INDIVIDUALS	
MONTHLY INCOME	AMOUNT (KSHS.)
Salary	
Rental Income	
Dividend Income	
Spouse's Income	
Other Income e.g. Consultancy, Business Income	
TOTAL MONTHLY INCOME (A)	
MONTHLY EXPENSES	
Taxation	
Pension Fund Contribution	
Medical Aid	
Life Assurance Premiums	
Retirement Annuity Premiums	
Insurance Premiums	
Rates and Taxes on Properties	
Rent Payment	
SACCO Payments	
Home Loan Payments	
Credit Card Payments	
Car Loan Payments	
Hire Purchase Payments	
Other Loan Payments	
Motor Vehicle Expenses	
Electricity and Water	
School/University Fees	
Groceries	
House Workers	
Telephone	
Armed Response	
Other Personal/Household	
Budgeted Savings	
Entertainment	
Other Expenses	
TOTAL MONTHLY EXPENSES (B)	
MONTHLY SURPLUS/DEFICIT (A-B)	

ASSETS AND LIABILITIES STATEMENT FOR INDIVIDUALS	
ASSETS CATEGORY	VALUE (KSHS.)
Land/Buildings	
Vehicles	
Bank Balances	
Insurance (surrender value)	
Household Goods	
Listed Shares	
Other Shares (business owned)	
Other Investments	
Jewellery	
Other Assets (offshore, unit trusts)	
TOTAL ASSETS (A)	
LIABILITIES CATEGORY	AMOUNT (KSHS.)
Home Loans	
Car Loans	
Credit Cards	
Hire Purchase Loans	
Taxation	
Other Creditors	
TOTAL LIABILITIES (B)	
NET WORTH (A-B)	

CUSTOMER DECLARATION

1. I certify this information is true and correct and authorize Safra Bank Limited to contact any source for confirmation. I agree to be bound by the term and conditions of this facility. I understand Safra Bank Limited reserves the right to decline this application without giving reasons.
2. I/We have read and fully understood the Terms and Conditions governing this facility and I/We hereby accept and agree to be bound by them.
3. I understand the interest of this loan is variable and will be applied at the Bank current prevailing Interest rate.

I instruct Safra Bank to credit the loan amount approved to my account number _____ with yourselves upon approval of my/our loan.
4. I authorize the Bank to deduct any premiums payable towards such insurance cover and facility fee from the loan granted.
5. I agree to immediately inform Safra Bank Limited should my employment status change and I further confirm that I shall NOT change my salary paypoint from Safra Bank Limited until I have paid off the loan in full.
6. I authorize the Safra Bank Limited to obtain any information it may require relating to this application form from my employer, if any, and from any other source to which it may apply. Each such source of information is hereby authorized by me to provide you with such information.

Please tick as applicable

In the event that the amount I/we qualify for is less than the amount requested

- I instruct the bank to contact me before crediting my account.
- I authorize the bank to create a loan account in my name and disburse the approved amount without reference to me.

Authority to Employer

- I authorize my employer to deduct via direct salary check-off my monthly loan repayment and remit to CBA.
- I hereby authorize my employer to pay my salary, allowances, gratuity and all other benefits directly to my account number _____ with Safra Bank Limited with immediate effect; or
- I hereby authorize my employer to deduct my loan installment from my salary, allowances and other benefits every month with immediate effect and pay the amount directly to Safra Bank Limited
- I also hereby authorize my employer to pay any terminal benefits or final salary directly to Safra Bank Limited in the event of termination of my employment.

Signature of applicant _____ Date _____
(sign in presence of a Bank Official) *(DD/MM/YYYY)*

Signature of joint applicant _____ Date _____
(sign in presence of a Bank Official) *(DD/MM/YYYY)*

Confirmation by Employer _____

I confirm that the applicant is an employee of _____ and that the details given above are true, and confirm having noted the instructions/ request to channel his/her monthly salary, and the assignment of all terminal dues excluding pension to the Bank.

Employers Name _____ Signature _____

Designation _____ Date _____

BANK USE ONLY

Check list for the Branch/Account Relationship Manager

- Check list complete 6 months statement checked against payslip
 If foreigner, attach contract and work permit

Is application compliant with existing product profile? Yes No

If No, list the exceptions

- i. _____
- ii. _____
- ii. _____

Recommended by: Account Relationship Manager

Signature _____ Date _____

Head of Personal Banking and/or Head of Credit Analysis Approved Declined

Signature _____ Date _____

Check list for Loan Center

- i. Credit Risk Rating _____
- ii. Pricing of the facility _____
- iii. Facility fee _____
- iv. Insurance fee _____
- v. CRB Report _____
- vi. Monthly repayment amounts _____
- vii. Facility repayment commencement date _____
- viii. Debt/Income ratio _____
- ix. Approval level _____

Credit Analyst _____ Signature _____

Credit Approval _____ Signature _____

Head of Credit _____ Signature _____

Credit Operations Manager _____ Signature _____