

NATIONAL FORESTRY AUTHORITY STAFF SACCO

Tel: 256773446348 | Email: staffsacco@nfa.go.ug, Bugoloobi, Uganda

Loan Application Number.:2025080628385

Terms and Conditions

- 1 Percent of the loan is deducted for insurance against death or total disability
- Interest is calculated for the whole period of the loan.
- You undertake to forfeit all or part of your SACCO savings and employment terminal benefits to cover any monies unpaid after expiry of the loan period.
- Undertake to pay a 5 Percent surcharge on remaining balance after the loan period.
- Loan amount and interest must be payable within your remaining contract period through salary deductions.
- Members not working with NATIONAL FORESTRY AUTHORITY STAFF SACCO must secure their loans with collateral acceptable to the loan committee.

Part A- For the Applicant:"CHALLENGE SHALLON

Name of Applicant:	CHALLENGE SHALLON - Phn: 256774265636
System Membership number:	8132
Sacco Group Membership Attachment:	NO GROUP MEMBERSHIP ACCOUNT ATTACHED ON LOAN APPLICATION
Remaining contract period confirmed by HRM:	
Amount applied (in figures):	UGX 30,000,000
Amount in Words:	Thirty million Ugandan Shillings
Reason for loan application:	INVESTMENTS
Current savings:	UGX 7,342,129
Number of share owned in the society:	UGX 1,280,000
Annual interest rate:	1.0 Percent per Month
New Loan Agreement Fees :	UGX 20,000
Period in which repayment of loan should be completed: (25 Months)	Start Date: 22.07.2025 End Date: 21.08.2027
Interest payable:	
Total amount:	
1 Percent of total amount deductible for insurance	UGX 300,000
Installments to be paid per month:	
Method of repayment	
Collateral for non-payroll repayments	
Estimated value of collateral	
Collateral verified by	
Signature of applicant	
Seconded/Guaranteed by:	JOHNBOSCO ACUTI Sacco ID: 316 Sign: (Required)

Part B – For official use only :

Amount recommended by the committee	UGX:
Approved by:	
(Member of Loans Committee/HRM)	Name: _____ Sign: _____ Date / / 20__
Chairman Loans Committee	Name: _____ Phn _____ Sign: _____ Date / / 20__
To be Checked and Verified by Treasurer	Name: _____, Phn: _____ Sign: _____ Date / / 20__

Note: You have Received this Electronic Loan Application from the System, required to Fill the missing fields, Scan and Send Back to the Sacco Admin for Approval. Thank you for Choosing NATIONAL FORESTRY AUTHORITY STAFF SACCO