



# NATIONAL FORESTRY AUTHORITY STAFF SACCO

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

Loan Application Number.:L-4473-4

## 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:"MUGISHA JONAN

|                                                                    |                                                          |
|--------------------------------------------------------------------|----------------------------------------------------------|
| Name of Applicant:                                                 | MUGISHA JONAN - Phn: 256772829148                        |
| System Membership number:                                          | 4473                                                     |
| 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:                                       | BUSINESS LOAN                                            |
| Current savings:                                                   | UGX 13,298,994                                           |
| Number of share owned in the society:                              | UGX 1,260,000                                            |
| Annual interest rate:                                              | 1.25 Percent per Month                                   |
| Period in which repayment of loan should be completed: (12 Months) | Start Date: 20.12.2024 End Date: 20.12.2025              |
| 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:                                            | KYOMUHANGI B CHRISTINE Sacco ID: 300<br>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: _____ Sign: _____ Date __/__/20__ |
| Checked and Verified by Treasurer   | Name: _____ 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**

Report Generated with Telspay Sacco System: Loan Number: L-4473-4 Registered to MUGISHA JONAN, Email: mugishajonan@yahoo.com.com