

NATIONAL FORESTRY AUTHORITY STAFF SACCOS

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

Loan Application Number.:2026081871637

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 SACCOS must secure their loans with collateral acceptable to the loan committee.

Part A- For the Applicant:"LEMO RONALD

Name of Applicant:	LEMO RONALD - Phn: 256782998211
System Membership number:	1363
CRB enquiry reference:	CRBAPP-20260818102939-526f8106af
External credit facilities confirmed:	0 facilities Outstanding UGX 0
Affordability decision / risk score:	PASS / 0
DFCU e-mandate reference:	DFCU-MAND-20260818103506-1bca80f83f
Sacco Group Membership Attachment:	NO GROUP MEMBERSHIP ACCOUNT ATTACHED ON LOAN APPLICATION
Remaining contract period confirmed by HRM:	
Amount applied (in figures):	UGX 32,000,000
Amount in Words:	Thirty Two million Ugandan Shillings
Reason for loan application:	BUSINESS LOAN V2
Current savings:	UGX 9,343,527
Number of share owned in the society:	UGX 1,100,000
Annual interest rate:	0.15 Percent per Month
New Loan Agreement Fees :	UGX 20,000
Period in which repayment of loan should be completed: (24 Months)	Start Date: 11.08.2026 End Date: 10.08.2028
Interest payable:	
Total amount:	
1 Percent of total amount deductible for insurance	UGX 320,000
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:	NASIRUMBI MARY CLARE Sacco ID: 353 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