

NATIONAL FORESTRY AUTHORITY STAFF SACCO

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

Loan Application Number.:2026083176676

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:"EKOMU JOEL

Name of Applicant:	EKOMU JOEL - Phn: 256774492918
System Membership number:	3319
CRB enquiry reference:	CRBAPP-20260831104128-f939f68722
External credit facilities confirmed:	0 facilities Outstanding UGX 0
Affordability decision / risk score:	PASS / 0
DFCU e-mandate reference:	DFCU-MAND-20260831104242-b58ef68c36
Sacco Group Membership Attachment:	NO GROUP MEMBERSHIP ACCOUNT ATTACHED ON LOAN APPLICATION
Remaining contract period confirmed by HRM:	
Amount applied (in figures):	UGX 15,000,000
Amount in Words:	Fifteen million Ugandan Shillings
Reason for loan application:	PERSONAL DEVELOPMENT
Current savings:	UGX 8,447,381
Number of share owned in the society:	UGX 1,520,000
Annual interest rate:	1 Percent per Month
New Loan Agreement Fees :	UGX 20,000
Period in which repayment of loan should be completed: (18 Months)	Start Date: 25.08.2026 End Date: 23.02.2028
Interest payable:	
Total amount:	
1 Percent of total amount deductible for insurance	UGX 150,000
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:	MIKE MUSOKE Sacco ID: 198 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__