ICT TEACHERS ASSOCIATION MEMBERS (ITAM)
SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

ITAM SACCO
financial empowerment through ICT

SACCO Regn No.: P.11901/RCS
Mulago, Kampala.
Website: itamsacco.org

Chairperson: 0758191392
Secretary: 0776960740
Email: sacco@ictteachersug.net

INDIVIDUAL LOAN APPLICATION AND CREDIT REPORT REQUEST FORM VERSION 2024 01 01

First Name _____ Last Name _____ Commonly used Name in Community _____

Commonly Known As _____ **Loan amount requested:** UGX _____ **Loan term requested:** _____ months

GENERAL INFORMATION

Date of Birth: _____ NIN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of issue: _____

Mobile phone # I _____ Mobile phone # II _____

Email Address _____ Spouse or next of kin contact phone # _____

Marital status: _____ Spouse or next pf kin name _____

# of dependants _____ # of children below 24 _____ Gender: MALE ☐ FEMALE ☐ OTHER ☐

Are you offering a loan security in addition to guarantors? ☐ Yes ☐ No If "Yes", Please specify below:

Do you have a bank account? ☐ Yes ☐ No Bank's name and no _____

Active Credit outside (including loans from Banks, Microfinances, Money lenders, SACCOs VSLAs or Cash Rounds)

	Lender's name	Loan amount	Date of receive	Date of full repay	Amount	Interest rate
1.						
2.						

Are you someone's Guarantor outside now? ☐ Yes ☐ No Financial Institution's name: _____

Borrower's name _____

INFORMATION ABOUT GUARANTORS

Guarantor's name _____ Total Savings and Shares in ITAM SACCO _____

Occupation (incl. Company's name) _____ Mobile No(s): _____

Guarantor's name _____ Total Savings and Shares in ITAM SACCO _____

Occupation (incl. Company's name) _____ Mobile No(s) _____

By signing this Loan Application, I hereby confirm that all information that I have provided in this document is true. I acknowledge and agree with ITAM SACCO's terms and conditions including the fact that the APPLICATION FEES hereby paid are NON REFUNDABLE. I oblige to provide to the Loans Officer complete and truthful information about my family status, home and business(as). I provide ITAM SACCO with the authority to retrieve any information about me and my business from any third party. I also accept to have my credit information and loan repayment data shared with Bank of Uganda's approved credit reference bureau, METROPOL, or other agencies as ITAM SACCO may deem fit.

Date Signature Name of applicant

CREDIT REPORT REQUEST FORM

METROPOL SECTION
metropol.co.ug

FCS # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

REASON FOR REQUESTING CREDIT REPORT (TICK APPROPRIATE BOX)

Official Interest ☐ Credit was denied ☐ Others ☐ State Others _____

I HEREBY GIVE METROPOL CRB (U) PERMISSION TO FORWARD MY CREDIT REPORT TO THE FOLLOWING:

Name of Institution: ITAM SACCO Address: ST LUKE CHAPEL MULAGO HOSPITAL, KAMPALA EMAIL: sacco@ictteachersug.net

APPLICANT APPROVAL: I understand that the presentation of forged documents or the passing off of any documents issued by a lawful authority to another person as my own, for purposes of obtaining any right or privilege, is a criminal offense.

I confirm that I want my credit report delivered to me through the email/postal address indicated herein and hereby authorise Metropol CRB (U) Ltd to mail/deliver/send my credit report to the email address indicated herein, I release Metropol CRB (U) Ltd and its officers, employees and agents from all claims, actions or proceedings of whatsoever nature and howsoever arising, suffered or incurred in connection with Metropol CRB (U) Ltd sending/delivering/mailing my credit report to the addresses that I have provided herein.

Name of applicant: NIN: Signature: Date: