

THE COUNTY GOVERNMENT OF TAITA TAVETA

Telephone: 0788186436/0718988717



P O Box 1066-80304
WUNDANYI

APPLICATION FORM FOR TAITA TAVETA COUNTY EXECUTIVE MORTGAGE

I PARTICULARS OF APPLICANT

Name in full.....

Date of Birth

Address.....

I .D No... ..

Personal No.....

Loan Amount requested

Duration of loan

II. Next of Kin

Name in Full.....

ID No.

PIN No.

Address

Physical Address

.

Mobile No.

Relationship

III. EMPLOYMENT DETAILS

a) Position.....years of service.....terms of service

No. of years remaining in service.....

b) Current Net Salary/House Allowance received (attach recent pay slip)

.....

c) I confirm that the information above is as per records in our file

.....
Signed by Payroll manager

IV. PARTICULARS OF PROPERTY (Purchase for a plot alone)

1. Address of property to be mortgaged L.R.

.....Street/Road..... estate.....

Description of property e.g. Land or existing building.....

1. 2. Is property Freehold or Leasehold?

2. If Leased state length or unexpired term.....

V. IF THE APPLICATION IS FOR PURCHASE OF EXISTING BUILDING

1. Bungalow, Masionate or Flat with Main Rooms.....Bedrooms.....Bathrooms.....
WCS.....Kitchen/s.....Servant quarters..... Garage.....

Purchase Price.....

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2. Vendors name and Address.....

Is this property now mortgaged?if so please attaché

a letter of consent from the issuing company.

VI. IF THE APPLICATION IS FOR PURCHASE OF A PLOT AND CONSTRUCTION OF A RESIDENTIAL UNIT.

3. Purchase price of Land Kshs..... Estimate cost of building
Kshs.....
4. Name and Address of Architect.....
5. Name and Address of Contractor.....
6. Has the building work commencedif so, Date of
Completion.....

VII. IF THE APPLICATION IS FOR CONSTRUCTION OF A RESIDENTIAL UNIT

1. Contractor's name
2. Name of Structural Engineer.....
3. Name of quality Engineer.....
4. Name of Architect

We confirm that the information in the documents and supplementary documentation is true,
Correct and accurate

DATE.....APPLICANT SIGNATURE.....

VIII. FINANCIAL APPRAISAL

1. A third of Net salary/House Allowance Kshs.month.....
2. Monthly Deductions including interest and cost of mortgage insurance
Kshs.....
3. I certify that after the monthly installments there will remain a net salary of
Kshs..... which is more/less than one third of total earnings.

I recommend Mr./Hon./Mrs./Miss.....proposal
Be/is not approved.....

Date signed

.....
Director Human resources /Payroll manager

IX. APPROVED BY LOANS MANAGEMENT COMMITTEE

Hon/Mr./Mrs./Miss.'s proposal as to
the amount of Kshs.....to be paid
.....months.....

Date.....

Secretary/Officer Administering the Fund

X. FUND ADMINISTRATOR

Date document Received.....

Date charge registeredCharge Reference No.

Loan agreement signed and registered on.....

Is Transfer deed signed by borrower and letter authorizing sale in case of

Default.....

CONFIDENTIAL REPORT:

.....
.....
.....

Date:

.....Sign.....

APPROVAL BY FUND ADMINISTRATOR

.....
XI. ACCOUNTS TRANSACTIONS

Date documents received from Fund

Administrator.....

Cheque No.....Amount.....Date

Cheque collected by.....

ID/No.....Sign.....

Date.....