



**REPAYMENT DEFERMENT FORM**

**Personal Details**

Member Name: ..... Member No: .....  
National ID No: ..... Telephone No: .....  
Email Address: .....  
Physical Address: ..... KRA PIN: .....

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**Loan Details**

Type of Loan: .....  
Original Loan Amount: .....  
Monthly repayment: .....  
Outstanding Loan Balance: .....

Guarantors;

1.
2.
3.

**Employment Details**

Employer/Centre Name: .....  
Department: ..... Employer Tel: .....  
Type of Contract (Permanent/Fixed Term): .....  
If Fixed Term, state the expiry date: .....  
Is the contract Renewable? .....

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**Deferment Request**

Reason for Deferment: .....  
.....  
.....

I (SACCO member), in full awareness of the importance of integrity and the consequences of misinformation hereby confirm that the information I have given above is true and accurate to the best of my knowledge and that I commit to resume repayments at the end of the deferment period.

Member Name: ..... Signature: ..... Date: .....

**Employer/Centre Confirmation**

Payroll Signature: ..... Payroll Stamp: .....

HR Signature: ..... HR Stamp: .....

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**For Official Use Only**

*Verification by Sacco Accountant/Asst Accountant/Administrator;*

Name of Sacco Employee: .....

Designation: ..... Date: .....

Signature: ..... Official Stamp: .....

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**For Official Use Only**

CC Approval Status: ..... Date: .....

Reason for CC Approval/Rejection: .....  
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If Approved;

Date Deferment Begins: .....

Date Deferment Ends: .....

CC Chair Signature: .....

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**For Official Use Only**

MC Approval Status: ..... Date: .....

Reason for MC Approval/Rejection: .....  
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Treasurer Signature: ..... Date: .....

Chairman Signature: ..... Date: .....

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*Terms and Conditions Apply.*