



# Loan Application Form

Bima Afya Group Welfare

Reference: LOAN-FORM-001

Version: 2.0 | Effective: January 2026

Contact: [info@bimawelfare@gmail.com](mailto:info@bimawelfare@gmail.com)

# LOAN APPLICATION FORM

Please complete all sections. Incomplete applications will not be processed.

## SECTION A: PERSONAL INFORMATION

Full Name (as per ID)

Member Number

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NHIF Staff Number

National ID Number

Date of Birth

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Phone Number

Email Address

Region

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## SECTION B: LOAN DETAILS

Loan Type (Tick one)

Amount Requested (KES)

Standard Loan (Up to KES 60,000)

Top-Up Loan (Up to KES 30,000)

Emergency Loan (Up to KES 50,000)

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Repayment Period (Months)

Proposed Monthly Payment (KES)

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Purpose of Loan (Be specific)

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## SECTION C: FINANCIAL INFORMATION

Current Monthly Contribution (KES)

Total Contributions to Date (KES)

\_\_\_\_\_

\_\_\_\_\_

Existing Loan Balance (if any)

Monthly Net Income (KES)

\_\_\_\_\_

\_\_\_\_\_

### SECTION D: GUARANTOR INFORMATION (Minimum 2 Required)

|    |                        |                               |
|----|------------------------|-------------------------------|
| 1. | <b>Guarantor Name:</b> | <b>Member No:</b>             |
|    | <b>Phone:</b>          | <b>Amount Guaranteed: KES</b> |
| 2. | <b>Guarantor Name:</b> | <b>Member No:</b>             |
|    | <b>Phone:</b>          | <b>Amount Guaranteed: KES</b> |
| 3. | <b>Guarantor Name:</b> | <b>Member No:</b>             |
|    | <b>Phone:</b>          | <b>Amount Guaranteed: KES</b> |

#### DECLARATION

I hereby declare that:

1. All information provided in this application is true and accurate to the best of my knowledge.
2. I understand that providing false information will result in immediate rejection and possible disciplinary action.
3. I authorize Bima Afya Group Welfare to verify my employment and financial information.
4. I agree to abide by the loan terms including repayment schedule and interest rates (currently 12% per annum).
5. I understand that late payments attract a penalty of 5% per month.
6. I consent to the disclosure of my loan information to guarantors and relevant committee members.

Applicant Signature

Date: \_\_\_\_\_

Regional Representative Recommendation

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application Received By

Date Received

Application Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Score

Committee Decision

Approved Amount (KES)

\_\_\_\_\_

Approved  Rejected

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remarks

\_\_\_\_\_

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\_\_\_\_\_

Treasurer Signature

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Chairperson Signature

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