

Licenced with the Reserve Bank of Malawi under Microfinance Act 2010 No. NDMFI 017/22

Satisfying your financial needs

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LILONGWE OFFICE – Located in Area 3 near ziboliboli market in the same building that houses Steel Kings Hardware – top floor Cell: 0998393837 / 0992991164 / 0992991165 e-mail saile.lilongweone@gmail.com

LOAN APPLICATION FORM – BUSINESS LOANS

K101,000.00 to K5 million

PART A - SAILE MISSION STATEMENT

"We exist to uplift people's lives through the professional provision of our easily and timely accessed credit facilities to our clientele while professionally meeting the various needs of our stakeholders."

PART B - PERSONAL DETAILS				
FULL NAMES		AGE		
MARITAL STATUS	NO. OF DEPENDI	AGE ENTS		
ADDRESS				
STAY IN OWN HOUSE	_RENTED HOUSE	Monthly Rentals		
RESIDENCE	PHC	DNES		
IF MARRIED - SPOUSE'S NAME_		Monthly Rentals DNESPHONES		
WORK PLACE (If ap	oplicable)			
PART C - BUSINESS DETAIL	_S			
		Monthly Rentals		
LOCATION OF THE BUSINES	 S	Monthly Rentals		
WHEN WAS THE BUSINESS	STARTED			
PHYSICAL ADDRESS OF THE	F BUSINESS			
ACTIVITIES INVOLVED IN TH	E BUSINESS			
Estimated daily sales	Estimate	d monthly sales		
Estimated monthly purchases_				
Estimated monthly gross profit	(Sales – Purchases)			
Estimated expenses per month				
•		Rentals		
Drawings	Bills	Market feesOthers		
Communication	Stationery	Others		
Total Estimated monthly expen	ises			
Net profit per month	et profit per monthBusiness Total Stock			
Purpose of this loan				
	OM THE YEAR OF P	BUSINESS COMMENCEMENT		

	FROM ANY FINANCIAL INSTe institutionWhy st		
	OAN FROM THE FINANCIAL II the institutionto		aken
Loan period fro	omto	at MK	per month
PROBLEMS FACEI	O IN THE BUSINESS		
PERSONAL NET W	/ORTH		
TOTAL ASSETS	Houses value	· · · · · · · · · · · · · · · · · · ·	
	Vehicles value Household items value		
	Total stock	 	
	Cash in hand & at bank		
	Debtors		
	Others TOTAL ASSETS	· · · · · · · · · · · · · · · · · · ·	
	TOTAL ASSETS		
LIABILITIES	Loans with institutions		
	Craditora		
	Loans from friends		
	Other liabilitiesTOTAL LIABILITIES		
	TOTAL LIABILITIES		
PERSONAL NET W (Total A	/ORTH ssets less total Liabilities		
NUMBER OF EMPL	OYEES / WORKERS		
LOAN AMOUNT SO	DUGHT	LOAN DURATION	

ITEM			orrower_d the Borrower defaults to pay
ITEM	DESCRIPTION		ESTIMATED VALUE
ITEM	DESCRIPTION		ESTIMATED VALUE
ITEM	DESCRIPTION		ESTIMATED VALUE
ITEM	DESCRIPTION		ESTIMATED VALUE
ITEM	DESCRIPTION		ESTIMATED VALUE
ITEM	DESCRIPTION		ESTIMATED VALUE
ITEM	DESCRIPTION		ESTIMATED VALUE
ITEM			
	DESCRIPTION		ESTIMATED VALUE
contract and request the The agreement between Loan Amount X 1.56 / 1 period. The due date for this loa attract a daily charge of made at SAILE offices o Borrower shall be charge collecting the payments repayments in full and we payment during a particulate case is MKwappraisal fee of 8.5% of the and fourteen point one five	e whole outstanding balar the lender and borrower in 2) for 12 month loan person is on every which is a recommendation of the second of the second of the loan are principal loan amount before percent. Borrower agrees to	of the month. Failure of the monthly loan in called; and should the Lendar,000.00, which is the nor e Borrower further pledge rrower makes a partial particular of the Borrower agrees re loan disbursement. Effection have his/her records submit	to pay on the due date will nestallment. Payments to be der follow up payments; the mal cost of following up or s to be making the monthly yment or fails to make any or loan installment which in this is to pay an administration and we interest rate is one hundred the lender. Below are pledged
early settlement of the lo	oan will attract no charge.	Both parties agree that the	reement further states that be Lender will terminate this
of MK	thus principal plus	interest inclusive. The	first due month will be
twelve months and inter loan plus interest is MK	est rate is calculated on The Borrow	reducing balance method. ver shall repav ten / twelve	Total loan that is principal equal monthly installments
,	·	\ at an interest rate of	Kin words of 7.65% per month for ten /
	•	– er called the Borrower)	
ano	Services Ltd (Co. (hereinafter o	called the Lender) of
SAILE Financial and		intered into on tine day	Between

undertake the obligation to pay on his the Borrower. I give the Lender the	of fficulties. Should the Bor s/her behalf. I am severe mandate to take any ac ny for whatever reasons.	do hereby guarantee that rower fail to repay as per the Agreement, I leave to the lender for the loan taken by tion it may deem fit to recover the money I will be liable to the Lender should I actery well that I am bound by it.
,		Date Phones
Address and Residence		Phones
PART F - OFFER AND ACCEP	TANCE	
applied for has been approved subject rate is 7.65% per month for a ten / tomethod. You will be required to be pappraisal fee before loan disbursement loan account. You accept that your grant paper is appraisal fee.	ct to the loan agreement welve month period and vaying ten equal monthly . You should pay 8.5% ent. All the charges as period and the loan terms of the loan terms	d to inform you that MK you t and third party guarantee above. Interest interest is calculated on reducing balance installments of MK from of the loan amount as administration and er the loan agreement will be levied to the is severely liable s and conditions by signing this offer letter
SAILE Official		
		nted to me and I am bound by this loanon this
PART G- PAYMENT		
Admin. and appraisal fees of K	paid on receipt no	Amount to be disbursed K
Admin. and appraisal fees of K	not paid. Net amou	unt to be disbursed K
PREPARED BY		
NAME	_SIGNATURE	DATE
APPROVED & AUTHORISED BY		

NAME______DATE_____

SKETCH MAP TO YOUR HOUSE

Guarantor Contacted by					Signature	Date
Disbursement Form checked by me the Supervisor and hereby verify that it has been fully completed and all conditions met Name					Guarantor Conta	acted by
Form checked by me the Supervisor and hereby verify that it has been fully completed and all conditions met Name					Approved on	
Form checked by me an Accountant and hereby verify that all the required conditions have been met. Name					Form checked Inhereby verify	that it has been fully
Form checked by me an Accountant and hereby verify that all the required conditions have been met. Name					Name	
hereby verify that all the required conditions have been met. Name					Signature	Date
HOME VILLAGET/AHOME DISTRICT NEXT OF KIN (1) FULL NAMESWORK PLACE RESIDENCECONTACT NUMBERS (2) FULL NAMESWORK PLACE					hereby verify	that all the required
HOME VILLAGET/AHOME DISTRICT NEXT OF KIN (1) FULL NAMESWORK PLACE RESIDENCECONTACT NUMBERS (2) FULL NAMESWORK PLACE					Name	
NEXT OF KIN (1) FULL NAMESWORK PLACE RESIDENCECONTACT NUMBERS (2) FULL NAMESWORK PLACE					Signature	Date
NEXT OF KIN (1) FULL NAMESWORK PLACE RESIDENCECONTACT NUMBERS (2) FULL NAMESWORK PLACE						
(1) FULL NAMESWORK PLACE RESIDENCECONTACT NUMBERS (2) FULL NAMESWORK PLACE	HON	IE VILLAGE	T/A		HOME DIS	TRICT
RESIDENCECONTACT NUMBERS (2) FULL NAMESWORK PLACE	NEX	T OF KIN				
(2) FULL NAMESWORK PLACE	(1)	FULL NAMES		WORK PI	LACE	
		RESIDENCE		CONTAC	T NUMBERS	
RESIDENCECONTACT NUMBERS	(2)	FULL NAMES		WORK PI	LACE	
		RESIDENCE		CONTAC	T NUMBERS	

For Official use

Received by_____