

I. PERSONAL DETAILS ( Imyirondoro y'usaba inguzanyo)					
Member full name ( Amazina yombi y'usaba inguzanyo)		.....			
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Account N° in MUGANGA SACCO		.....			
Identity Card/Passport N°		.....			
Place of issue of ID		.....			
Birth date		.....			
Place of Birth		.....			
Nationality		.....			
Phone number		.....			
Email address		.....			
Education level		<input type="checkbox"/> PHD <input type="checkbox"/> Masters <input type="checkbox"/> Bacjhelor's degree <input type="checkbox"/> A1 <input type="checkbox"/> A2			
Marital Status ( etat civil)		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Number of dependents ( abo atunze murugo)		.....			
Spouse name ( Amazina y'uwo mwashakanye)		.....			
Phone number ( Telefone y'uwo mwashakanye)		.....			
Email address ( Email y'uwo mwashakanye)		.....			
Activity of the spouse ( Garagaza niba uwo mwashakanye afite akazi cg yikorera)		<input type="checkbox"/> Employed ( Afite akazi) <input type="checkbox"/> Self Employed (Arikorera) <input type="checkbox"/> Unemployed ( Ntakazi afite)			
Employer of the Spouse (Garagaza Ikigo uwo mwashakanye akorera niba afite akazi cg icyo akora niba yikorera)		.....			
Home address ( Aho usaba inguzanyo atuye)					
Country :	.....	Province:	.....	District:	.....
Sector:	.....	Cell:	.....	Village:	.....
II. EMPLOYMENT DETAILS ( Ibijyanye n'akazi ukora, imiterere y'amasezerano y'akazi)					
Job position ( Umwanya w'akazi ukoraho)		.....			
Institutions Category ( Hitamo urwego rw'ikigo ukorera)		<input type="checkbox"/> Provincial Hospital <input type="checkbox"/> District Hospital <input type="checkbox"/> Referral Hospital <input type="checkbox"/> Health Center <input type="checkbox"/> MoH & affiliated institutions <input type="checkbox"/> Private Hosptal & Clinics <input type="checkbox"/> Pharmacy <input type="checkbox"/> Others			
Institution name		.....			
Hospital name		.....			
Health center name		.....			
Nature of employment Contract ( Ubwoko bw'amasezerano y'umurimo afite)		<input type="checkbox"/> Appointed <input type="checkbox"/> Open-ended Contract <input type="checkbox"/> Fixed contract <input type="checkbox"/> Cabinet appoint			
If fixed contract, indicate contract termination date		From	.....	To	.....
Net Salary:	.....Frw	PBF:	.....Frw	Lumpsums:	.....Frw
Number of years of work experience ( Imyaka y'uburambe mu kazi ukora) : .....					
Workplace address ( Aho ikigo cg Ivuriro ukorera biherereye)					
Country:	.....	District	.....	Sector	.....

<b>III. LOAN REQUEST DETAILS ( Ibijyanye n'inguzanyo isabwa)</b>	
Loan Amount ( Amafaranga y'inguzanyo isabwa)	
Loan duration ( Igihe izishyurwamo)	
Loan purpose ( icyo izakoreshwa)	
Date of demand ( igihe usabiyeho inguzanyo)	

**PART B: ACCEPTANCE OF TERMS AND CONDITIONS FOR LOAN**

- The applicant must not have the loans in arrears in MUGANGA SACCO or any other financial institution in Rwanda /blacklisted by CRB (*Usaba inguzanyo agomba kuba adafite inguzanyo ziri mu bukererwe muri MUGANGA SACCO, mu zindi Bank cg se yaratanze Cheque zitazigamiye*). Mugihe Bihari bigomba kubanza gukemurwa.
- Loan Amount:** Loan amount must not exceed Member's savings amount; ( Ntagomba kurenga ubwizigame bw'umunyamuryango)
- Loan period: 24 Months ( Maximum).**
- Interest rate and Penalties**
  - Interest rate : **16% /Year ( declining).**
  - Penalty : **4% / month**
- Repayment Capacity**  
Monthly instalment does not exceed 50% of the net salary +Lumpsum +PBF and 75% if combined with other commitment. (*Ubwishyu ku nguzanyo bwa buri kwezi ntibugomba kurenga 50% by'umushahara+Lumpsum+PBF na 75% mu gihe asanzwe afite izindi nguzanyo azishyura bibangikanye*)
- Failure to pay the loan**
  - In the event of failure to pay the loan, MUGANGASACCO shall have the right to use the member's savings to repay the loan and all income on the account, including termination benefits ( *Mu gihe uhawe inguzanyo atishyura inguzanyo yahawe, MUGANGA Sacco ifite uburenganzira bwo gufatira amafaranga yose afite kuri Konti ( Ubwizigame, amafaranga ari kuri Konti isanzwe hamwe n'imperekeza za nyuma) hakishyurwa umwenda afite.*
  - In case the terminal benefits and savings fail to clear the loan and the member does not continue to pay the loan by using his/her other sources, he/she will be sued in court ( *Mugihe ubwizigame bwe n'imperekeza za nyuma bidahagije kwishyura inguzanyo yose afite akandi ntakomeze kwishyura inguzanyo, azakurikiranwa mu nkiko kugirango aryozwe kutubahiriza amasezerano y'inguzanyo.*
- Charges, the applicant agrees to pay all charges as follows:**
  - Application fees: **0.5%** of applied loan amount ( Minimum amount: **5,900Frw** & Maximum amount: **59,000Frw**). Appraisal fees are non-refundable and have no relation to the decision of the credit committee.
  - Loan Commission: **2%+VAT** is charged from amount disbursed as loan commission (*Amafaranga yo kwiga dossier y'inguzanyo ni 0.5% by'inguzanyo yasabwe. Amacye ni 5,900Frw & amenshi ni 59,000Frw*). Amafaranga yo kwiga dossier ntasubizwa kandi ntaho ahuriye n'icyemezo cya Komite ishinzwe inguzanyo.
  - **Loan protection insurance** is charged for the loan amount disbursed ( Ubwishingizi bw'inguzanyo bukatwa ku nguzanyo yemerewe).
- Notification letter**  
After loan approval, a decision of the credit committee will be communicated to the applicant / member by submitting the notification letter to him if applicable (by hand or by e-mail). The member acknowledges having received a notification letter and accepted all the conditions ( *Nyuma yo kwemeza inguzanyo, uwasabye inguzanyo azahabwa igisubizo cyanditse binyuze kuri email asinye ko acyakiriye*)
- Top-up**  
The applicant is allowed to a top-up after paying up to a half of the loan facility and the loan given can clear the outstanding ( *Uhawe inguzanyo, yemerewe Top-Up mu gihe amaze kwishyura ½ cy'inguzanyo*)

**10. Early repayment**

Early repayment penalties on loans are waived unless the loan is taken over by another financial institution. In case of takeover of the loan, the applicant will pay 10% of the buy off amount (*Kwishyura umwenda mbere y'igihe ntazindi charges ucibwa; Mu gihe umwenda uguzwe n'indi bank wishyura 10% by'umwenda usigaye*)

**11. Change of Address**

If the applicant changes Workplace address, contact phone and email address, he/she undertakes to inform MUGANGA SACCO of any change of address, failing which, any communication sent to the original address will be deemed to have been received by the applicant (*Mugihe ugurizwa ahinduye Ikigo yakoreraga, asabwa guhita abimenyesha MUGANGA Sacco*)

**PART C: CONSENT CLAUSE AND DECLARATION OF LOAN APPLICANT**

I hereby consent for the usage of data regarding this request and credit monitoring to the operator of credit bureau and authorize the Muganga SACCO to make enquiries regarding my credit information with the credit bureau (Transunion/CRB). I also hereby authorize the lender to carry out background checks on me including making enquiries with the credit bureau and consent to the submission of details of the loan contract and its performance to a credit bureau. I further accept that such check does not infringe any of my fundamental rights and/or spouse

(*Nemeye ko amakuru yanjye azakoreshwa kuri ubu busabe bw'inguzanyo ndetse no mu gihe cyo kuyikurikirana; mpaye kandi uburenganzira busesuye MUGANGA SACCO bwo kugenzura amakuru y'imyitwarire y'imyenda mu kigo kibishinzwe(Transunion/CRB) no gutanga amakuru ajyanye n'amasezerano y'inguzanyo zanjye muri icyo kigo cyavuzwe haruguru. Nemeye ko iryo genzura n'itangwa ry'amakuru ritabangamiye uburenganzira bwanjye cyangwa uwo twashakanye*)

**ACCEPTANCE OF TERMS AND CONDITIONS**

The applicant understands and agrees that he/she has signed the application form as acceptance of the aforesaid terms and conditions.

<b>Applicant's Name ( Amazina)</b>	<p>-----</p>	<b>Date: -----/-----/-----</b>
<b>Applicant's ID number ( indangamuntu)</b>	<p>-----</p>	<b>Signature</b> <p>.....</p>

**URUTONDE RW'IBISABWA KU NGUZANYO ( Emergency loan)**

#	IKINYARWANDA	ENGLISH
1	Ibaruwa isinye isaba inguzanyo yandikiwe UmuyoboziMukuru wa MUGANGA SACCO igaragaza umubare w'amafaranga y'inguzanyo asabwa n'igihe azishyurwamo	Signed Loan application letter addressed to DG of MUGANGA SACCO indicating the loan amount and repayment period
2	Kuba uri umunyarwanda cg umunyamahanga ufiteibyangombwa byo gukorera no gutura mu Rwanda	Be a Rwandan citizen or permanent resident
3	Kwishyura amafaranga yo kwiga inguzanyo mbere y'uko dossier yigwaho	To pay appraisal fees before loan analysis
4	Kuba uri umunyamuryango wa Muganga SACCO umaze nibura amezi (3), warishyuye umugabane shingiro wa 50,000Frws kandi utanga ubwizigame bwa buri kwezi (5% y'umushahara) mbere y'uko usaba inguzanyo	Being a member of Muganga SACCO at least 6 months and having paid a share capital(required) of 50,000Frw before applying for a loan
5	Kuba umaze guhemberwa kuri Konti yawe ifunguye muri MUGANGA SACCO nibura ukwezi kumwe (1)	The salary must be channeled on member's account in MUGANGA SACCO for at least one(1) month
6	Kopi y'indangamuntu y'usaba inguzanyo n'iy'uwo mwashakanye(abubatse)	ID copy of applicant and spouse(if married)
7	Kopi y'amasezerano y'umurimo	Employment contract/Appointment letter
8	Icyemezo cy'akazi gitangwan'umukoresha	<b>Service Certificate</b> delivered by employer
9	Icyemezo cy'umushahara gitangwa n'umukoresha hamwe na Payslip z'amezi abiri aheruka	<b>Salary certificate</b> delivered by employer and <b>payslip</b> of two last months
10	Icyemezo cy'umukoresha ( Recommendation letter) gisinywa na HR, DAF cg DG ku rwego rw'ibitaro n'ibindi Bigo bishamikiye kuri Minisiteri y'Ubuzima / Comptable na Titulaire ku rwego rw'ikigo nderabuzima	Recommendation letter signed by HR, DAF or DG at the level Hospitals & other institutions / Accountant & Titulaire at Health center level
11	Icyemezo cyemeza umushahara n'umukoresha gisinywa na HR	Salary certificate and employer engagement signed by HR
12	Kuzuzwa neza ifishi yo gusaba inguzanyo kandi igasinywa n'usaba	Loan application form must be fully completed and signed
13	Gusinya loan commitment form	To sign loan commitment form

**1. INGUZANYO & IBICIRO & IGIHE CYO KWISHYURAMO**

<b>Inguzanyo ( Max)</b>	Ntigomba kurenga ubwizigame bw'Umunyamuryango.
<b>Amafaranga yo kwiga dossier</b>	<b>0.5%</b> b'inguzanyo isabwa (Ntagomba kujya muni ya <b>5,900Frw</b> kdi ntagomba kurenga <b>59,000Frw</b> ). Aya mafaranga yishyurwa mbere y'uko dossier yigwaho.
<b>Inyungu</b>	<b>16%</b> ( declining) ku mwaka
<b>Commission</b>	<b>2%</b> y'inguzanyo yemejwe + <b>VAT</b> (Akatawa ku nguzanyo yemerewe)
<b>Igihe cyo kwishyura</b>	Amezi 24 ( Max) .
<b>Ubwishyu bwa buri kwezi</b>	Ubwishyu ku nguzanyo ntibugomba kurenga <b>50%</b> by'umushahara na <b>75%</b> by'umushahara mu gihe usaba inguzanyo asanzwe afite indi nguzanyo muri MUGANGA SACCO cyangwa ahandi.
<b>Ubwishingizi bw'inguzanyo ( Credit life insurance)</b>	<b>1,5%</b> ku nguzanyo zitarengeje <b>1,000,000Frw</b> , hejuru ya <b>1,000,000Frw</b> hagenderwa kuri Tariff z'ikigo cy'ubwishingizi gikorana na MUGANGA SACCO hashingiwe ku ngano y'inguzanyo yafashwe, igihe izishyurwamo ndetse n'imyaka y'usaba inguzanyo. ( Akatawa ku mafaranga y'inguzanyo yemerewe).

Ugize ikibazo cyangwa ugakenera ubusobanuro burenzeho wahamagara:

0788776597 / Claire (Loan Analyst), 0785554680 / Olive ( Loan Analyst), 0788696509 / Olivier ( Loan Analyst),

**NB: Dossier isaba inguzanyo yoherezwa kuri email ikurikira: [loan.application@mugangasacco.rw](mailto:loan.application@mugangasacco.rw)**

**Amazina n'umukono by'usaba inguzanyo : -----**



**RECOMANDATION LETTER**

This letter is written to inform you that the member (name) .....hold an ID number.....is our employee in quality of (position) ..... and he/she has an employment term:

- Appointment
- Open ended
- Contract Fixed
- Other: -----

If fixed contract or other, please indicate contract termination date.....

As (name of institution) ....., we recommend him/her for a loan applied for. As a result, we believe that he/she will duly adhere to any financial obligations contracted with MUGANGA SACCO.

**Names & Signature**

- |                    |             |
|--------------------|-------------|
| 1. Name:.....      | Title:..... |
| Phone number:..... | Title:..... |
| 2. Name:.....      | Title:..... |
| Phone number:..... | Title:..... |
| 3. Name:.....      | Title:..... |
| Phone number:..... | Title:..... |

Date :.....

Stamp :.....



## LOAN COMMITMENT

I, undersigned -----, ID number -----,  
issued at-----function -----  
authorize **MUGANGA SACCO** by this commitment to deduct on monthly basis amount of -----**Frw**  
on my account number-----Opened at MUGANGA SACCO in order to repay the  
loan granted of -----**Frw** until the end of the credit agreement.

This order will start on -----/-----/----- and will end on -----/-----/-----

Done at -----, Date-----/-----/-----

Employee name: -----

Phone number: -----

Signature: -----



**SALARY CERTIFICATE AND EMPLOYER ENGAGEMENT**

I.....an employee of ..... Confirm that my net monthly salary and other benefits from my employer above are as follows:

Net salary	PBF	Lump sum	Deductions		Take home
<b>TOTAL</b>			<b>TOTAL</b>		

I take note of the domiciliation of my net salary on my account n° ..... opened at **MUGANGA SACCO**.

I therefore ask MUGANGA Sacco to charge a compulsory savings of 5% of my monthly salary and transfer it to my compulsory savings account opened at MUGANGA Sacco.

**Employee’s Name** ..... **Signature** ..... **Date** .....

We, the undersigned as employer of Mr/Mrs/Miss.....state that the above information provided by our employee is correct.

We therefore understand her/his request and accept responsibility and implications; and we (the Employer) shall not stop this domiciliation unless there is favorable opinion of MugangaSACCO or a presentation by the said scheme of the certificate of non-indebtedness issued by the same. In case of termination of employment contract, the terminal benefits will be domiciled on the Customer account opened at MUGANGA SACCO.

The Rwandan Courts shall be the only competent Courts of law for judging all disputes related to the implementation of this contract.

Done at .....on this date of.....

**Signature and stamp of the Employer**

**Signature and stamp of Muganga SACCO**

.....

.....

\*Cross the unsuitable words

\*This document is prepared in three copies; two of which is for contracting parties and third for the employer