



KINGDOM SACCO LIMITED

Empower House, Githurai 45, Thika Road. P. O. Box 8017, 00300 Nairobi, Kenya.

TEL: 254 (020) 5006060

EMAIL: info@kingdomsacco.com WEBSITE: www.kingdomsacco.com

CREDIT REFERENCE CONSENT FORM

I/We, _____

Identity Card/ Registration Number:

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am/are applying for loan from Kingdom Sacco Society Limited. The information which I/ We have given in my/ our application form is true. I/We consent to you undertaking a search about my/our credit record with any credit reference agency and any other party to confirm any or all of the information given to you by me/us. I/we also consent to you providing credit reference agencies with regular updates about the conduct of my/our accounts, including the failure to meet the agreed terms and conditions.

I/we further consent and agree that Kingdom Sacco and the credit referencing agency will keep a record of the search and the results of the search. Such information may be used lawfully and without restriction for the purpose of assessing other applications from me or for debt tracing and fraud prevention.

I/ We authorize the Sacco to recover **Kshs. 250** from account to facilitate this search.

Personal Accounts:

Member Name: _____ Member No: _____

Member Signature: _____ Date: _____

Corporate Accounts (For and on behalf of):

Member Name: _____ Member No. _____

Name of Signatory:	National ID No.:	Signature:	Date:							
			D	D	M	M	Y	Y	Y	Y
			D	D	M	M	Y	Y	Y	Y
			D	D	M	M	Y	Y	Y	Y
			D	D	M	M	Y	Y	Y	Y

For Official Use:

Details verified and signature/s admitted by:

Name of Officer: _____ Designation: _____

Signature: _____ Date

D	D	M	M	Y	Y	Y	Y
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Official Stamp and Comments:

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