

THE MICROFINANCE SUPPORT CENTRE LTD
GROUP LOAN APPLICATION FORM

A. PARTICULARS OF APPLICANT

1. Name of the Group.....
2. Address.....
3. District.....County.....
4. Sub county.....Parish.....
5. Village.....LC 1 Chairperson.....

B. PARTICULARS OF THE GROUP

1. Number of members.....Women.....Men.....
2. Average ageyears. Average family size.....
3. Years Group has been in existence after registration.....
4. Is the group linked to a Formal Financial Institution.....if yes, what services is the Group or its members have been receiving.....
.....
5. Has the group ever received any trainings.....if yes specify the nature of training
 - i).....
 - ii).....
 - iii).....

C. EXECUTIVE COMMITTEE

	Name	Telephone No	Position	Period served on the committee
1				
2				
3				
4				
5				

D. We.....
 who are Chairperson, Secretary and Treasurer ofgroup do
 hereby apply for a Loan of UGX..... in words
 (.....) for
 onward lending to the following individuals in the group.

	Name	Telephone No	Amount applied
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	Total		

Name

Date

Signature.....

Stamp/thumb print.....

Chairperson

Name

Date

Signature.....

Stamp/thumb print.....

Secretary

Name

Date

Signature.....

Stamp/thumb print.....

Treasurer