



NAMBARI YA KUANDIKISHWA DSR- S.L.P 34791 DAR ES SALAAM
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Insurance Application Form

Name of Lender **MALENGO SACCOS** MEMBER PSB No.....

Branch Name:.....

Value of Loan.....

Date of Loan Disbursed; (Day).....(Month).....(Year).....

Date of loan Expiration: (Day).....(Month).....(Year).....

Borrower(s) Family Name first Name(s).....

GenderBorrower(s)Address

Next of Kin's Name.....Contact No.....

Children below 18 years of age:

1. Child's Family Name.....First Name(s).....

2. Child's Family Name.....First Name(s).....

3. Child's Family Name.....First Name(s).....

Signature of borrower.....Date.....

Name of Loan Officer.....Date.....

Name of Branch Manger.....Signature.....Date.....