

**THE JOMO KENYATTA FOUNDATION**

**P.O BOX 30533-00100 GPO**

**TELEPHONE: +254 (02) 557222 / 531695 / 536200/1/2**

**Email: [sales@jomokenyattaf.com](mailto:sales@jomokenyattaf.com)**

**CREDIT FACILITY APPRAISAL FORM**

**GENERAL INFORMATION**

**A1 FULL TRADING NAME:** .....  
LEGAL STATUS (Sole trader, firm/Partnership/Ltd Co./ Parastatal /Others  
(*Tick applicable one*).....

**A2 REGISTRATION INFORMATION**

INCORPORATION / REGISTRATION NO:.....  
DATE OF INCORPORATION/REG.....  
V. A. T. NO. .... P.I.N. NO. ....  
SINGLE BUSINESS LICENCE NO.....EXPIRY DATE: .....  
(*Attach certified copies of all relevant certificates*).

**A3 CONTACT ADDRESS:**

P. O. BOX .....CODE:.....TOWN:.....  
TELEPHONE NUMBER:..... FAX:.....  
E - MAIL : .....  
MOBILE PHONE NUMBER.....  
PHYSICAL LOCATION: .....  
.....  
INCLUDING BRANCHES (*if any*) .....  
FULL NAMES OF EXECUTIVE OFFICER/ MANAGER OF THE BUSINESS:  
.....  
POSTAL ADDRESS:.....CODE:.....  
TEL. NO:.....  
MOBILE NO:.....

E-MAIL ADDRESS:.....

FULL NAMES OF CONTACT PERSON AND POSITION IN THE BUSINESS:

.....  
.....

POSTAL ADDRESS:..... CODE:.....

TEL. NO:.....

MOBILE NO:.....

E-MAIL ADDRESS:.....

**A 4 ACCOUNTS ADMINISTRATION.**

PAYMENTS CONTACT PERSON FULL NAMES:

.....

TITLE:.....

POSTAL ADDRESS:..... CODE:.....

TEL. NO:.....

MOBILE NO:.....

E-MAIL ADDRESS:.....

**B1 BUSINESS INFORMATION:**

Please provide the following details about the applicant (Business):-

LIST OF ALL DIRECTORS/PROPRIETORS/PARTNERS (FULL NAMES AND PARTICULARS OF IDENTITY DOCUMENTS) (*submit copies for each director/ proprietor /partner*).

	<b>NAME OF DIRECTOR</b>	<b>ID / PASSPORT NO.</b>	<b>DATE OF ISSUE</b>
	<i>(Tick applicable one.)</i>		
1	.....	.....	.....
2	.....	.....	.....
3	.....	.....	.....
4	.....	.....	.....
5	.....	.....	.....
6	.....	.....	.....

*(If more than six attach separate list with particulars required).*

**B2 BANKERS DETAILS:**

BANKERS NAME: .....  
BRANCH: ..... A/C NO.....  
POSTAL ADDRESS:....., .....  
FULL NAMES OF BANK CONTACT PERSON/ ACCOUNT MANAGER  
.....  
OFFICE TELEPHONE NO. OF MANAGER:.....  
MOBILE PHONE NO. OF THE CONTACT:.....

*We hereby authorize our bank to provide trade reference to The Jomo Kenyatta Foundation.*

- 1. Name..... Signature..... Date.....
- 2. Name:..... Signature..... Date.....
- 3. Name:..... Signature..... Date.....

**B3 TRADE REFERENCES (THREE)**

- 1. FULL NAMES: .....  
POSTAL ADDRESS:..... CODE.....  
PHYSICAL ADDRESS.....  
CONTACT PERSON:..... POSITION: .....  
MOBILE PHONE NO. OF THE CONTACT:.....  
TELEPHONE NO. OF CONTACT.....  
FAX NO. OF THE CONTACT.....  
E-MAIL ADDRESS OF THE CONTACT.....
  
- 2. FULL NAMES: .....  
POSTAL ADDRESS:.....CODE.....  
PHYSICAL ADDRESS.....  
CONTACT PERSON:..... POSITION: .....  
MOBILE PHONE NO. OF THE CONTACT:.....  
TELEPHONE NO. OF CONTACT.....  
FAX NO. OF THE CONTACT.....  
E-MAIL ADDRESS OF THE CONTACT.....

3. FULL NAMES: .....  
 POSTAL ADDRESS:.....CODE.....  
 PHYSICAL ADDRESS.....  
 CONTACT PERSON:..... POSITION: .....  
 MOBILE PHONE NO. OF THE CONTACT:.....  
 TELEPHONE NO. OF CONTACT.....  
 FAX NO. OF THE CONTACT.....  
 E-MAIL ADDRESS OF THE CONTACT.....

**C. TRADING DETAILS WITH JKF**

- C1 Estimated monetary value of business transacted with JKF per annum for the last one year  
 Kshs.: ..... Year.....
- C2 Value of business transacted by the applicant per annum and the average annual turnover during  
 the last three years (*Attach audited accounts for the last two years*).  
 Kshs .....
- C3 Maximum credit limit applied for (Kshs.): .....

**NB:**

- (i) Payment terms will be strictly 30 days from date of supply or invoices whichever is earlier.
- (ii) All overdue accounts will attract a 5% penalty per month till they are settled.
- (iii) Any account that is not settled within seven days from the due date will entitle the JKF to suspend credit facility to the debtor and resumption of credit sales after the default will be at the sole discretion of the Foundation.
- (iv) In case of resort to legal action to recover the overdue accounts the costs of and arising from the action will be charged to the account.

**DI DEBT SECURITY**

*Directors/Partners/proprietors personal guarantee in the prescribed format are required for all debt not exceeding KShs.100,000 and in case of debt over Ksh.100,000.00 (One Hundred Thousand) a bank guarantee or bank guaranteed cheques must be provided.*

- The value of bank Guarantee provided (Kshs) .....
- Number/ reference.....
- Effective date of the guarantee:.....
- Number of the guarantee deed:.....
- Date of expiry of the guarantee.....
- Any other security provided.(State)

.....  
.....

**FULL NAMES OF THE GUARANTOR/BANK**

.....

**ADDRESS:**.....

**TOWN:**.....

**BRANCH:**.....

For credit purchases of up-to Ksh.100,000 the personal guarantee form PGF 1 is attached .

**E1. APPLICANT’S DECLARATION:**

I .....ID/ Passport No. ....for and on behalf of ..... do hereby apply for credit facility with **The Jomo Kenyatta Foundation** and do certify that the information provided above is true and free of any mistatement. Further; I understand that this form does not constitute an approval or agreement on the part of **The Jomo Kenyatta Foundation** to extend credit to the applicant and that **The Jomo Kenyatta Foundation** reserves the right to grant or reject the application in part or whole without an obligation to give reasons for their decision.

Signed: ..... Date:..... Position:.....

**E2 CONFIRMATION OF THE DECLARATION:**

I hereby confirm that the particulars supplied by the applicant with regard to this application are true and accurate.

FINANCE MANAGER.....Signed:.....Date:.....

MANAGING DIRECTOR / CEO .....Signed:..... Date:.....

**F1 FOR OFFICIAL USE ONLY:**

**Sales & Marketing Manager:** The application is recommended/ not recommended (*if not give reasons*)

Signed:..... Date: .....

**Finance Manager:** The application is recommended/ not recommended (**if not give reasons**).

Signed:..... Date: .....

**Company Secretary:** The application is recommended/ not recommended (**if not give reasons**).

Signed:.....Date: .....

**Managing Director:** The application is approved/ declined and authority granted/ declined to the Sales manager to implement the same.

Signed:.....Date: .....

Credit Facility Applied for (Kshs) .....

Amount Approved (Kshs) .....

Effective Date.....