Dafaja Microfinance Limited

LOAN APPLICATION FORM

BOT Tier 2 Licence: MSP2-R56 | For office submission

Applicant and loan request

Complete this form in clear block letters. Downloading or completing it does not guarantee approval. Bring the completed form and supporting documents to the DAFAJA office.

1. LOAN REQUESTED

Amount requested (TZS)

Purpose of loan

☐ Small business ☐ Group ☐ Education fees ☐ Employee ☐ Other

☐ Weekly repayment ☐ Fortnightly repayment ☐ Monthly repayment

Requested duration

Preferred first repayment date

2. APPLICANT DETAILS

Full legal name

Sex

Date of birth

NIDA / other ID number

Mobile telephone number

Alternative telephone number

Email address (if available)

Marital status

Number of dependants

Current residential address: region, district, ward, street / village

House number, plot number or clear residence landmark

Length of time at this address

Previous address (if less than 2 years)

Name and telephone number of spouse / next of kin

3. EMPLOYMENT, STUDY OR BUSINESS STATUS

☐ Business owner ☐ Employed ☐ Student / parent ☐ Other

Business / employer / institution name

Physical location and contact person

Occupation / business activity

Time in current activity

Estimated monthly income (TZS)

Other regular income (TZS)

Financial position and references

4. HOUSEHOLD AND BUSINESS CASH FLOW

Average monthly sales / gross income (TZS)

Average monthly business costs (TZS)

Household monthly income (TZS)

Household monthly expenses (TZS)

Current loan repayments per month (TZS)

Estimated surplus available for repayment (TZS)

Main source of repayment

Seasonal changes or other factors that may affect repayment

5. EXISTING LOANS AND FINANCIAL OBLIGATIONS

Lender	Original amount	Balance	Instalment	Expiry

6. PROPOSED SECURITY OR COLLATERAL

Describe items only when relevant. Ownership and value will be verified separately.

Description of proposed item(s)

Owner's full name

Relationship to applicant

Estimated value (TZS)

Location of item(s)

Ownership document or other evidence available

7. GUARANTOR / REFEREE INFORMATION

A person is not financially liable merely because their name appears here. Any guarantee requires a separate written agreement.

Person 1 - full legal name

Telephone number

NIDA / ID number

Relationship to applicant

Residential and work / business address

Person 2 - full legal name

Telephone number

NIDA / ID number

Relationship to applicant

Residential and work / business address

Declaration, consent and office use

8. APPLICANT DECLARATION

I declare that the information and documents I provide are true and complete to the best of my knowledge. I understand that DAFAJA may verify my identity, residence, employment, business, income, existing obligations, references and proposed security using lawful sources. I authorise DAFAJA to contact the persons and institutions named in this application for verification and credit assessment.

I understand that this application is not a loan agreement and does not guarantee approval. If approved, I will review a separate written loan offer, product disclosure, repayment schedule and agreement showing the interest calculation basis, fees, total cost, instalments, due dates and consequences of late or missed payment before I decide whether to sign.

Applicant

Name: _____

Signature / Thumbprint: _____

Date: _____

Spouse / supporting person (if applicable)

Name: _____

Signature / Thumbprint: _____

Date: _____

9. SUPPORTING-DOCUMENT CHECKLIST

- ☐ Completed application form
- ☐ Applicant ID copy
- ☐ Residence evidence / landmark
- ☐ Business or employment evidence
- ☐ Income / cash-flow evidence
- ☐ Education-fee evidence, if applicable
- ☐ Guarantor documents, if required
- ☐ Security ownership documents, if required
- ☐ Other: _____

10. FOR DAFAJA OFFICE USE ONLY

Application reference number _____

Date received _____

Received by _____

Branch / service point _____

Amount assessed (TZS) _____

Recommended repayment frequency _____

Credit assessment summary / key conditions _____

Decision: approved / declined / deferred, and reason _____

Authorised officer name and signature _____

Decision date _____

SUBMIT THE COMPLETED FORM IN PERSON

DAFAJA Microfinance Company Limited, Machimbo, Mpiji Magohe, Ubungo, Dar es Salaam.
Opening hours: Monday-Saturday, 8:00 a.m.-6:00 p.m. | Telephone: 0687 267 325