

COLLATERAL DECLARATION FORM

Date:

1. Client Details

Loan Applicant Name:

Facility Name:

TPC Registration Number:

Loan Amount Applying & Duration:

Business Location/Physical Address:

Registered Address: P.O.BOX

Tel Contacts:

2. Collateral Information

Collateral Type

i.

ii.

iii.

Total Value of all Collaterals pledged (current market value)

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Depreciation rate (5% – 25%) based on type of collateral pledged (to be confirmed by AMIF)

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3. Consenting to Use Collaterals for Loan Repayment in Case of Default

I,, owner of the Health Facility....., consents and allows AFYA Microfinance Tanzania, to sell the named properties I have provided as collateral for the loan given to me in case of default in order to repay the debts and other associated costs incurred by AFYA Microfinance Tanzania.

4. Supporting Documents (copies certified by notary public) to show ownership or copies of original receipts used to purchase the collateral pledged

- i.
- ii.
- iii.

5. Signatures

Name of Loan Applicant:

Signature:

Name of AFYA Microfinance Representative/Officer:

Signature: