



# Kenya Medical Association

## NATIONAL EXECUTIVE

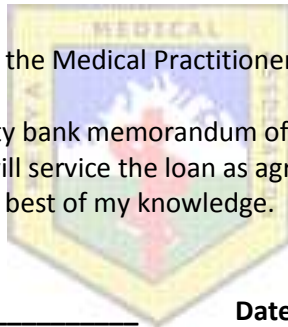
KMA CENTER, CHYULU ROAD, P.O. BOX 48502 – 00100 GPO, NAIROBI-KENYA  
Tel: +254 - 20-3864506. 3864507. 3864509: Tele/fax: 3864507: Mobile: 0722-275695  
Email: [nec@kma.co.ke](mailto:nec@kma.co.ke) Website: [www.kma.co.ke](http://www.kma.co.ke)

### PERSONAL DETAILS OF APPLICANT

<b>Name:</b>			
<b>ID No:</b>			
<b>MP&amp; DB Reg. no:</b>			
<b>Postal address:</b>		<b>Code:</b>	
<b>Town:</b>			
<b>Telephone:</b>			
<b>Email</b>			

I confirm that:

1. I am a medical doctor duly registered with the Medical Practitioners and Dentists Board
2. I am upright and of good moral standing
3. I would like to benefit from the KMA-Equity bank memorandum of understanding
4. I would like a loan from Equity bank and will service the loan as agreed with the bank
5. The information given above is true to the best of my knowledge.



Signature \_\_\_\_\_ Date \_\_\_\_\_

### KMA DIVISION:

This is to certify that the person named above is a bona fide member of Kenya Medical Association .....division and is recommended for a loan from Equity Bank Ltd through the bank's loan application process.

Name \_\_\_\_\_

Position in division \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

National Chairman  
Dr. A.J Suleh

National Vice-Chairman  
Dr. Elly O. Nyaim

National Secretary  
Dr. H. Wanga

National Asst. Secretary  
Dr. W. Kaisha

National Treasurer  
Dr. U.N Gandhi

**PERSONAL UNDERTAKING & INDEMNITY**

**WHEREAS**

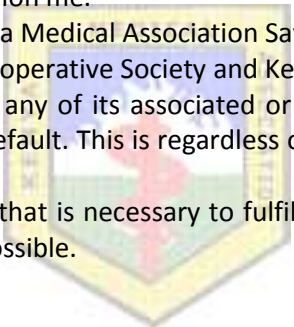
The Kenya Medical Association and Equity Bank Kenya Limited have entered into a Memorandum of Understanding to allow the Kenya Medical Association members access to various loan products offered by Equity Bank Kenya Limited at preferential rates.

In consideration of the said preferential loan facilities to be offered by Equity Bank Kenya Limited to me, the Kenya Medical Association is obligated to obtain certain authorizations and guarantees in the form of this Personal undertaking and Indemnity from the applicant member;

**NOW**

I Dr. .... of Post Office Box..... in the Republic of Kenya do undertake to indemnify and keep indemnified the Kenya Medical Association against all actions and claims that may be occasioned by my default in the repayment of any loan facility taken from Equity Bank Limited **AND HEREBY AUTHORIZE;**

1. The Medical Practitioners and Dentists Board to use my records in their possession to assist the Kenya Medical Association locate and summon me.
2. The Kenya Medical Association, Kenya Medical Association Savings and Credit Co-operative Society, Kenya Medical Association Housing and Co-operative Society and Kenya Medical Investment Company to use any funds or assets held in my name in any of its associated or affiliated bodies in existence now or in the future to offset the loan in case of default. This is regardless of whether I am a member now or will join in the future.
3. Kenya Medical Association to do all that is necessary to fulfill its obligations in its MOU with Equity bank that has made these loan facilities possible.



**I FURTHER CONFIRM THAT;**

- a) In connection with this loan and/or maintaining a credit facility with me, Equity bank/Kenya Medical Association /Kenya Medical Association Savings and Credit Co-operative may carry out credit checks with the Credit Reference Bureau.
- b) In that in the event of the account going into default, my name and transaction details will be recorded with the Credit Reference Bureau.
- c) This information may be used by other credit grantors in assessing applications for the credit by me and or our associates and for occasional debt tracing and fraud prevention purposes.
- d) In the event of default on this loan account, all costs associated with the recovery of the default amount including and not limited to debt collection fees, all pre and post judgement collection cost will be held to my account.

Sign.....

Date.....

**WITNESSED BY (KMA):**

Name: .....Sign: .....Date: .....

**NB: KINDLY FILL THIS FORM IN TRIPLICATE.  
THIS FORM MUST BE PRINTED ON A SINGLE PAPER.**

National Chairman  
Dr. A.J Suleh

National Vice-Chairman  
Dr. Elly O. Nyaim

National Secretary  
Dr. H. Wanga

National Asst. Secretary  
Dr. W. Kaisha

National Treasurer  
Dr. U.N Gandhi