

APPLICATION FOR CREDIT FACILITY FORM

APPLICANT'S NAME (IN FULL)

TELEPHONE NUMBER:

FAX.

PHYSICAL ADDRESS PLOT NO

STREET/ROAD

DATE OF INCORPORATION/FORMATION:

PIN NO.

VAT NO.

BANK.

BRANCH

AMOUNT OF CREDIT REQUESTED

REFERENCES: 1

2.

3

NAME OF DIRECTORS/PARTNERS/INDIVIDUALS

1

2

3

I/We the above named Director/Partners/Individuals of

Company Limited is (are) desirous of opening an account with **UMOJA PHARMACEUTICALS LTD**. And have read and understood the Terms and Conditions on which **UMOJA PHARMACEUTICALS LTD** Operates credit accounts. I/We agree to abide by the terms and conditions as set out.

Please attach copies of the following with this application

1. Certificate of Incorporation
2. Registration of Premises
3. Superintendent Pharmacists
4. Wholesale Dealers' License (If applicable)

TERMS AND CONDITIONS

1. Completion of this application for Credit does not entitle you to immediate credit facility. The discretion to grant credit facility to you depends on the decision of the Management of **UMOJA PHARMACEUTICALS LTD**. Such decision shall be communicated expressly by **UMOJA PHARMACEUTICALS LTD**.
2. Credit facility shall only be availed to your company on due signing of vesting personal liabilities on the personal the Guarantors in case of default in payment by your Company.
3. **ACCOUNTS MUST BE SETTLED WITHIN SIXTY (60) DAYS FROM THE DATE OF THE INVOICE OTHERWISE FURTHER CREDIT SHALL BE STOPPED WITHOUT NOTICE.** The credit facility may also be stopped and will only be re-opened after a fresh application for credit facility is made to **UMOJA PHARMACEUTICALS LTD** who in any event is under no obligation to accept such fresh application.
4. **UMOJA PHARMACEUTICALS LTD** has the right to charge interest on any and all the outstanding balances at the rate being charged by the bankers of **UMOJA PHARMACEUTICALS LTD** on overdraft at that time. Such interest to commence on day of expiry of the credit period and to continue to accrue until payment is made. This is without prejudice to any of **UMOJA PHARMACEUTICALS LTD** right to recovery payments after expiry of the credit period.
5. Any change of address or ownership of your Company/partnership/Individual shall be advised to **UMOJA PHARMACEUTICALS LTD** in writing not later than seven (7) days after the date of change. Such a letter of information of change in your company, to be sent by a registered post to **UMOJA PHARMACEUTICALS LTD** on post office numberNairobi or delivered to **UMOJA PHARMACEUTICALS LTD**.
6. **BOUNCING OF CHEQUE IS A CRIMINAL OFFENCE AND AS SUCH FOR ANY BOUNCED CHEQUE WILL RESULT IN TERMINATION OF ANY TRANSACTION WITH UMOJA PHARMACEUTICALS.**

NB: NEW ACCOUNTS CLAUSE

Doing business with us for the first six months will be on Cash on Delivery (COD) current cheque basis while we are assessing your credit worthiness.

NAME

POSITION

DATE

SIGNATURE

COMPANY RUBBER STAMP

COMPANY SEAL

PERSONAL GUARANTEE OF INDEMNITY

Name of the Customer

Name of personal Guarantors and address

1

2

3

4

5

As an express condition of (name of Customer)

Making payment by cheque to **UMOJA PHARMACEUTICALS LTD**, it is hereby agreed that the entire above mentioned personal guarantors shall personally, jointly and severally guarantee to **UMOJA PHARMACEUTICALS LTD**. The payment and undertaken on demand, in writing to pay **UMOJA PHARMACEUTICALS LTD** all sums of money which may be or which hereafter may from time to time become due or owing including interest on any outstanding balance amounts plus cost. It is therefore further agreed that all the personal g guarantors shall indemnify **UMOJA PHARMACEUTICALS LTD** for any liability, loss or other consequence arising in the event of the payment being returned back unpaid by the bank. The guarantee shall bind our estate.

Dated on this

day of 2022

GUARANTOR'S NAME

SIGNATURE

GUARANTOR'S NAME

SIGNATURE

GUARANTOR'S NAME

SIGNATURE



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