



TSHWARAGANO

GOLEDZWA LOAN APPLICATION FORM

Membership No.

APPLICANTS DETAILS

Title: MR / MS / MRS / DR / MISS / OTHER: _____ Gender: _____

First Name: _____ Surname: _____

Omang No: _____ Date of Birth: Retirement Date:

Marital Status: Single Married Divorced Widowed

Postal Address: _____ Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Home Village: _____ Ward: _____

Name of Chief/Headman: _____ District: _____

Next of Kin Details

Name: _____ Relationship: _____

Tel: _____ Cell: _____ Email: _____

Employment Details

Designation: _____ Workplace: _____

Employer: _____ Department: _____ Tel (W): _____

Loans	Amount
Existing Loan	
Proposed New Loan	
Total Loan Applied for	

Repayment period: _____
Purpose of Loan: _____

BANKING DETAILS

Account Holder Name: _____

Bank Name: _____ Account Number: _____ Branch: _____

ACKNOWLEDGEMENT OF DEBT

I hereby authorize Motswedi SACCOS to deduct monthly from my salary an amount of P_____ until my loan maturity. I further authorize Motswedi SACCOS to deduct from my terminal benefits, any monies that may still be due in the event of cessation of society's membership. If the monthly installment is not deducted it is my obligation to pay through the Motswedi SACCOS relevant bank account. In the event I fail to honor my obligations Motswedi SACCOS reserves the right to institute legal proceedings against me for the recovery of all the money I owe in totality. Furthermore the Society shall be entitled to blacklisting my account with any credit reference bureau. The collections cost incidental to my loan conduct shall be borne by me.

I _____ acknowledge receipt of P _____ as a loan and agree to all other conditions stipulated in this agreement, loan policy and other Society documents in place from time to time.

Signed: _____ Date: _____
(Borrower)

IN AN EVENT OF MISSED LOAN PAYMENT PLEASE PAY AT ABSA ACCOUNT NUMBER 3401681 BARCLAYS HOUSE BRANCH.

OFFICIAL USE

Savings Bal: P _____ Maximum Eligibility: P _____

O/Loan Bal: P _____ Emergency Bal: P _____

Q/Loan Bal: P _____ D/Loan Bal: P _____

G/Loan Bal: P _____ M/Loan Bal P _____

Amount Qualified for: P _____ Shares Balance: P _____

LAF: Goledzwa Loan: $0.8\% \times P$ _____ x _____ Years = P _____

INSTALLMENTS

Loan Applied for: P _____ Ordinary Loan: P _____

Total O/E/Q/G/M: P _____ Emergency Loan: P _____

Total Loans: P _____ Q/Loan: P _____

G/Loan: P _____

M/Loan P _____

LAF: P _____

Total instalment: P _____

Name: _____ Designation: _____

Signature: _____ Date: _____

CREDIT EVALUATION

Bank TRF/Cheque Amount: Loan P _____

Less O/Q/E/G/M P _____

Less other Banks P _____

Total P _____

Name: _____ Designation: _____

Signature: _____ Date: _____

RECOMMENDED

Name: _____ Designation: _____

Signature: _____ Date: _____

APPROVED

Name: _____ Designation: _____

Signature: _____ Date: _____

Terms & Conditions apply.

MEMBER APPLICATION CHECK LIST

	YES	NO
1. Completed Application Form	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified copy of ID (Omang)	<input type="checkbox"/>	<input type="checkbox"/>
3. Recent Payslip	<input type="checkbox"/>	<input type="checkbox"/>
4. Confirmation letter (Employment)	<input type="checkbox"/>	<input type="checkbox"/>
5. Bank Statement (6 Months)	<input type="checkbox"/>	<input type="checkbox"/>
6. CDD form	<input type="checkbox"/>	<input type="checkbox"/>
7. Clearance letter	<input type="checkbox"/>	<input type="checkbox"/>
8. Marriage Consent Document	<input type="checkbox"/>	<input type="checkbox"/>
9. Stop Order	<input type="checkbox"/>	<input type="checkbox"/>
10. Clearance Receipt	<input type="checkbox"/>	<input type="checkbox"/>