

## MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

BOX 81027 GABORONE TELEPHONE: 390 8227 FAX NO: 319 1534 REGISTRATION NO: 143

ORDINARY LOAN APPLICATION FORM

Membership No.			
APPLICANTS DETAIL	.s		
Title: MR/MS/MRS/DR/	MISS / OTHER:	G	ender:
First Name:		Surname:	
Omang No:	Date	of Birth: ddmmyy	Retirement Date: ddmmyy
Marital Status: Single	Married Divo	rced Widowed	
Postal Address:		Physical Addres	SS:
Tel:	_ Cell:	Email:	
Home Village:		Ward:	
Name of Chief/Headman:		District:	
Next of Kin Details			
Name:		Relationshi	ip:
Tel:	_ Cell:	Email:	
Employment Details			
Designation:		Workplace:	
Employer:	Department:		Tel (W):
Loans	Amount	Repayment period:	
Existing Loan		Purpose of Loan:	
Proposed New Loan			
Total Loan Applied for			
EMPLOYMENT TERM	s		
			(Contract Period)
			(
BANKING DETAILS			
Account Holder Name:			
Bank Name:	Accoun	t Number:	Branch:

## **ACKNOWLEDGEMENT OF DEBT**

until my loan muturity. I furth that may still be due in the deducted it is my obligation honor my obligations Motsw	SACCOS to deduct monthly from my salary an amount of Per authorize Motswedi SACCOS to deduct from my terminal benefits, any monies event of cessation of society's membership. If the monthly installment is not to pay through the Motswedi SACCOS relevant bank account. In the event I fail to redi SACCOS reserves the right to institute legal proceedings against me for the
3	ve in totality. Furthermore the Society shall be entitled to blacklisting my account eau. The collections cost incidental to my loan conduct shall be borne by me.
I	acknowledge receipt of P
	ner conditions stipulated in this agreement, loan policy and other Society docu-
Signed:	Date:
(Borrower)	

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

Page 2

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: Ordinary Loan: 0.9%, 1% x F	D	X	Years = P
		INSTALLMENTS	
Loan Applied for: P		Ordinary Loan:	P
Total O/E/Q/G/M: P		Emergency Loan	n: P
Total Loans: P		Q/Loan:	P
		G/Loan:	P
		M/Loan	P
		LAF:	P
		Total instalmen	t: P
Name:		Designation:	
Signature:		Date:	
CREDIT EVALUATION			
Bank TRF/Cheque Amount: Lo	an 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:	

## CREDIT COMMITTEE DECISION FORM

(OFFICIAL USE)

PERSONAL DETAILS		
Full Name of Applicant:	ID	Retiring Date:
Date of Meeting:		
LOAN DETAILS		
Loan Approved/Rejected/Deferred		
Reasons for rejection/Deffered		
Amount Approved in figures		
Amount Approved in words		
REPAYMENT SCHEDULE		
Repayment should be In equal instalments in		Months
Equal instalments of P each including		
First instalments to effect on or before		
Last instalment to effect on or before		
AUTHORIZED SIGNATURE		
Chairperson:	Signature:	Date:
Secretary:	Signature:	Date:

MEMBER APPLICATION CHECK LIST					
	YES	NO			
1. Completed Application Form					
2. Certified copy of ID (Omang)					
3. Recent Payslip					
4. Confirmation letter (Employment)					
5. Bank Statement (6 Months)					
6. CDD form					
7. Clearance letter					
8. Marriage Consent Document					
9. Stop Order					
10. Clearance Receipt					