



MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED  
BOX 81027 GABORONE  
TELEPHONE: 390 8227  
FAX NO: 319 1534  
REGISTRATION NO: 143

TSHWARAGANO

## PETTY CASH LOAN APPLICATION FORM

Membership No. \_\_\_\_\_

### APPLICANTS DETAILS

Initials: Mr / Ms / Mrs / Dr / Miss Other: \_\_\_\_\_ Gender: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Omang No: \_\_\_\_\_ DOB:       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): \_\_\_\_\_

**Amount Applied For: P** \_\_\_\_\_ **Amount in Words:** \_\_\_\_\_

### BANKING DETAILS

Account Holder Name: \_\_\_\_\_

Bank: \_\_\_\_\_ Account No: \_\_\_\_\_ Branch: \_\_\_\_\_

#### Payment method- Direct debit:

Petty Cash Loan is payable in two months (2) and attracts 10% monthly interest \_\_\_\_\_  
authorize the Society to deduct the sum of P \_\_\_\_\_ directly from by bank.

1st instalment of P \_\_\_\_\_ on the \_\_\_\_\_

2nd instalment of P \_\_\_\_\_ on the \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Transactional costs of P 10.00 would be charged to members in case of insufficient funds. PAYMENTS CAN BE FORWARDED TO ACCOUNT NUMBER 3401673 BARCLAYS HOUSE BRANCH

**OFFICIAL USE**

Loan applied for: P \_\_\_\_\_ Last Petty Cash Loan Applied for: P \_\_\_\_\_

Date: \_\_\_\_\_

Amount paid Recovered from Savings P \_\_\_\_\_

Date paid/recovered \_\_\_\_\_ Shares Balance: P \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

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

**RECOMMENDATION**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

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

**APPROVAL**

Remarks: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

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

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

## 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"/>