

SERIAL NO:



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**SAVINGS AND CREDIT COOPERATIVE SOCIETY**

WE ASPIRE TO BECOME THE LEADING COOPERATIVE BUSINESS IN THE SADC REGION

**NORMAL LOAN APPLICATION FORM**

SEC NO:

**APPLICANT PERSONAL DETAILS**

Date of Application: ..... Contact No: .....  
Names: ..... Tel No: .....  
Identity Number: ..... Account No: .....  
Physical Address: ..... Bank: .....  
Kgofla/Ward: ..... Branch: .....

**LOAN DETAILS**

LOAN AMOUNT  NEW PRINCIPAL LOAN BALANCE   
PAYMENT TERMS  EXPECTED INTEREST   
INSTALLMENT

Eligible for top up after paying loan period stipulated in loan policy

**LOAN PURPOSE:**

**LOAN AMOUNT**   
1. Less Loan Protection Fund   
2. Less Emergency Loan   
3. Less Short Term Loans   
4. Less External Loans   
5. Stimulus Loan

Tick your mode of payment

SBT

Cheque Amount

Signature of Applicant: .....

Date: .....

Net Pay   
Savings Balance   
Stimulus loan Balance

Normal Loan Balance   
Short Term Loan Balance   
Emergency loan Balance

ATTACHED: PAYSIP  CONFIRMATION OF EMPLOYMENT  OMANG  BANK STATEMENT

I authorize Jwaneng Saccos LTD to clear my debt as stated below and deposit the remaining balance in to my personal account as provided in the first page.

<b>ACCOUNT NAME</b>	
BANK NAME	
ACCOUNT NUMBER	
BRANCH CODE	
BRANCH NAME	
REFERENCE NAME/NUMBER	
AMOUNT TO BE PAID	

I authorize the society to demand payment due from me should I terminate my services with my employer or in case where the employer terminates my service.

The society should further have access to my accumulated savings plus interest due to me from this society to repay the debt within 90 days after termination of my membership in any manner.  
 I further authorize Jwaneng Saccos LTD to have access to my personal bank account to recover the outstanding amount. I agree and understand the contract will remain in force until the loan is fully settled and confirmed in writing by Jwaneng Saccos LTD.

I \_\_\_\_\_ confirm that the information I provided above is a true statement and will not hold the Jwaneng Saccos LTD responsible for any lost funds.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse signature:** \_\_\_\_\_

**LOANS DEPARTMENT**

**Assisted By Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Checked by sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CREDIT COMMITTEE ONLY**

**Approved**  **Not Approved**  **Appointment**

Comments if not approved/Referred: \_\_\_\_\_

**Chairing Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counter signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2nd Counter Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ACCOUNTS DEPARTMENT**

**STB or Cheque NO:** \_\_\_\_\_

**Paid By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorised by:** \_\_\_\_\_ **Date:** \_\_\_\_\_