



SAVINGS AND CREDIT COOPERATIVE SOCIETY

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

SERIAL NO:

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EMERGENCY LOAN APPLICATION FORM

SEC NO:

APPLICANT PERSONAL DETAILS

Date of Application:

Contact No:

Names:

Tel No:

Identity Number:

Account No:

Physical Address:

Bank:

Kgotla/Ward:

Branch:

LOAN DETAILS

LOAN AMOUNT

NEW PRINCIPAL LOAN BALANCE

PAYMENT TERMS

EXPECTED INTEREST

INSTALLMENT

Eligible for top up after paying (1/2 half) of the loan

LOAN PURPOSE:

LOAN AMOUNT

1. Less Loan Protection Fund

2. Less Normal 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

Normal Loan Balance

Savings Balance

Short Term Loan Balance

Stimulus 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.

ACCOUNT NAME	
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:** _____

PAYMENT AUTHORISATION

Manager: _____

Signature: _____ **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:** _____