



SAVINGS AND CREDIT COOPERATIVE SOCIETY

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

SERIAL NO:

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INHOUSE EMERGENCY LOAN CLEARANCE & APPLICATION FORM

APPLICANT PERSONAL DETAILS

Date of Application:

I SEC No:

Request Jwaneng SACCOS to Settle my Quick Loan Balance of P..... (.....)

Contact No:

Bank:

Tel No:

Branch:

Account No:

I fully understand and agree that this amount plus 5% interest will be deducted from the next Quick Loan that I will be applying for as at the date of this application.

Signature of Applicant: Witness:

Net Pay:

Savings:

Normal Loan:

Stimulus Loan:

Short Term Loan:

(A) Quick Loan Balance:

New Loan:

(B) Interest on Loan:

Installment/Term:

(C) Settlement:

Less Insurance:

(D) 5% Interest on (C):

Less (E):

(E) Total (C + D):

Cheque Amount:

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: _____