

SERIAL NO:

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

DITHUSO LOAN APPLICATION FORMSEC NO: **APPLICANT PERSONAL DETAILS**

Date of Application:

Contact No:

Names:

Tel No:

Identity Number:

Account No:

Physical Address:

Bank:

Kgotla/Ward:

Branch:

LOAN DETAILSLOAN 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** **Tick your mode of payment**1. Less Loan Protection Fund STB 2. Less Matshelo Loan **Cheque Amount** 3. Less Mogoga Loans 4. Less External Loans 5. Stimulus Loan **Signature of Applicant:****Date:**Net Pay Matshelo Loan Balance Savings Balance Mogoga Loan Balance Stimulus loan Balance Dithuso Loan Balance ATTACHED: PAYSLIP 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:** _____

CREDIT COMMITTEE ONLY

Approved		Not Approved		Appointment	
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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:** _____