

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**STB ☐1. Less Loan Protection Fund Cheque Amount 2. Less Matshelo Loan 3. Less Mogoga Loans 4. Less Stimulus Loans 5. External Loan **Signature of Applicant:****Date:**Net Pay Matshelo Loan Balance Savings Balance Mogoga Loan Balance Stimulus loan Balance Dithuso 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 above, for external loans payments refer to attached form.

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 AUTHORIZATION

Manager: **Date:**

Signature: **Date:**

CREDIT COMMITTEE ONLY

Approved		Not Approved		Appointment	
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Comments if not approved/Referred:

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Chairing Signature **Date:**

Counter signature **Date:**

2nd Counter Signature **Date:**

ACCOUNTS DEPARTMENT

STB or Cheque NO:

Paid By: **Date:**

Authorised by: **Date:**