

SERIAL NO:

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

INHOUSE DITHUSO LOAN CLEARANCE & APPLICATION FORM**APPLICANT PERSONAL DETAILS**Date of Application:

I _____ SEC No: _____
Request Jwaneng SACCOS to Settle my Dithuso loan 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 Dithuso Loan that I will be applying for as at the date of this application.

Signature of Applicant: _____ Date: _____

Net Pay: Savings: Matshelo Loan: Stimulus Loan: Mogoga Loan: (A) Loan Balance: (B) Interest on Loan: (C) Settlement: (D) 5% Interest on (c): (E) Total (C + D): (F) New Loan: (G) LPF: (H) Less Matshelo: (I) Less Mogoga: (J) Less Stimulus: (K) External (M) Less (E) (N) Installment amount (O) Installment Period (P) Cheque amount

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

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: _____

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: _____