

SERIAL NO:

P O Box 2232, Jwaneng, Botswana

Tel: (+267) 5880931

Fax: (+267) 5883203

E-mail: jwanengsaccos@gmail.com

Website: www.jwanengsaccos.co.bw



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

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

Date of Application:

Contact No:

Names:

Tel No:

Identity Number:

Account No:

Physical Address:

Bank:

Kgotsi/Ward:

Branch:

LOAN DETAILSLOAN AMOUNT NEW PRINCIPAL LOAN BALANCE PAYMENT TERMS EXPECTED INTEREST INSTALLMENT **No top up allowed only whole clearance per eligibility as stated in the loan policy.****LOAN PURPOSE:** **LOAN AMOUNT**1. Less Loan Protection Fund 2. Less Matshelo Loan 3. Less Dithuso Loans 4. Less Stimulus Loans 5. External Loan 6. Less Mpeela savings - 20% of Loan
amount applied for **Tick your mode of payment**STB ☐Cheque Amount **Signature of Applicant:****Date:**Net Pay Matshelo Loan Balance Savings Balance Dithuso 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 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	
-----------------	--	---------------------	--	--------------------	--

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:** _____