

MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

P O BOX 81027, GABORONE
TELEPHONE NO: 390 8227
FAX NO: 319 1534
REGISTRATION NO: 143



TSHWARAGANO

LOAN ADMINISTRATION FEE REFUND

1. PERSONAL DETAILS

First Name: _____ Surname: _____

Membership No: _____ Omang No: _____

Gender: _____ Date of Birth: _____

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Work Place: _____ Tel (W): _____

Home Village: _____ Ward: _____

Name of Chief/Headman: _____ District: _____

Next of Kin (in case of emergency)

Name: _____ Relationship: _____

Tel: _____ Cell: _____ Email: _____

1. BANK DETAILS

Bank: _____ Branch: _____

Account No: _____

Member's Signature: _____ Date: _____

2. OFFICIAL USE ONLY

Amount of loan applied for: P _____ Loan Application Date: P _____

Repayment period: P _____ LAF Paid: P _____

Loan Clearance Date: P _____ Repayment Period: _____

Amount of LAF to be refunded = LAF paid - $\left(\frac{\text{LAF Paid}}{\text{Repayment period}} \times \text{Months paid / Serviced} \right)$

Amount of LAF to be refunded = _____ - $\left(\text{_____} \times \text{_____} \right)$

Amount of LAF to be refunded = _____ - _____

Amount of LAF to be refunded = _____

MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

P O BOX 81027, GABORONE
TELEPHONE NO: 390 8227
FAX NO: 319 1534
REGISTRATION NO: 143



TSHWARAGANO

Name: _____ Designation: _____
Signature: _____ Date: _____

3. CHECKED BY

Name: _____ Designation: _____
Signature: _____ Date: _____

4. MANAGER'S DECISION

Remarks: _____
Name: _____ Designation: _____
Signature: _____ Date: _____