

GOLEDZWA LOAN APPLICATION FORM

1. APPLICANTS DE	TAILS		
Initials: Mr] Mrs [Dr Miss	others:
Membership No:			
		DOB: Retirement Date:	
Marital Status: Single			
Postal Address:	_	_	
Physical Address:			
Tel:			
Home Village:			
	Workplace:		
Employer:	Depa	artment:	Tel (W):
Name of Chief/Headman:		District:	
Next of Kin (in case of eme	rgency)		
Name:		Relationship:	
Tel:	Cell:	Email:	
2. BANKING DETA	ILS		
Donk Name	Dwanaha	A agount N	ambau.
		Branch: Account Number: Repayment period:	
Purpose of Loan:			DE FORWARDED TO
IN CASE NO DEDUCTION	NS HAVE BEEN MA 1681 BARCLAYS H		BE FORWARDED TO
ACCOUNT NUMBER 340			

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3. OFFICIAL USE ONLY		
O/L con Poly D	Emarganay Bali D	
O/Loan Bal: P		
Q/Loan Bal: P		
G/Loan Bal: P	M/Loan Bal: P	
Amount Qualified for: P	Shares Balance: P	
Last Application Date:	Last Amount applied for: P	
LAF: Goledzwa Loan: 0.8% x P	xYears = P	
	INSTALLMENTS	
Loan Applied for: P	Ordinary Loan: P	
Total O/E/Q/G/M: P		
Total Loans: P		
	G/Loan: P	
	M/Loan: P	
	LAF: P	
	Total instalment: P	
Name:	Designation:	
Signature:		
4. SUPERVISOR		
Bank TRF/Cheque Amount: Loan:	P	
Less Q/E/G/M	P	
Less other Banks	P	
Total	P	
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Name:		Design	ation:	
Signature:		Date: _		
The Accountant General Ministry of Finance and De Private Bag 008 Gaborone	velopment Planning	y		
Commercial Banks Alexander Forbes				
Dear Sir/Madam				
PUBLIC OFFICER'S PR REPAYMENT TO MOTS				
I, the undersigned				
Name (Block letters):			_ of Addre	ss:
	O	mang No:		
(Tick) Public Officers E	Bank Stop Order	BPOPF		
Monthly instalment: To		Repayment	period:	From
salary for any loan repaym with Motswedi Savings and Government, Commercial I the due date. I further auth may still be due to the Socie other obligations attached to	ent in the amount of Credit Co-operative Banks, and Alexands orize the Government of the event of most the benefits. If the elevant bank account	of P	irm that I she failure on the failure on the financiety's members and the failure of the failure	es to deduct monthly from my antil my final loan settlement hall have no claim against the heir part to make payment on cial benefits any monies that abership, notwithstanding any educted it is my obligation to appropriate action against me
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Signature:	Date:	
AC	CKNOWLEDGEMENT OF DEBT	
MEMBERSHIP'S NAME:	OMAN	[G:
MEMBERSHIP NO:	LOAN AMOUNT:	
We are pleased to advise you that yo approved. The approved loan shall	our application for a loan of Pbe subject to the terms and conditions below;	has been
from the Public Service, the balance of demand signed by the Board Ch	e day of each month) until the final settlement. It is will become immediately due and payable on nairperson or any other authorized official shows and Credit Cooperative Society LTD under is in fact due and owing.	demand. The statement owing any sum due and
I	acknowledge receipt of P	as loan
amount and agree to all other requir	acknowledge receipt of P rements stipulated in this agreement and the lo	oan policy.
Signed:	Date:	
(Borrower)		

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GOLEDZWA LOAN DECISION FORM (OFFICIAL USE ONLY)

1.0 PERSONAL DETAILS	THERE OSE ONET)	
Full Name of Applicant:		
ID		
2.0 LOAN DETAILS		
2.1 Loan Approved/Rejected/Deferred		
2.2 Reasons for		
rejection/Deffered		
2.3 Amount Approved in		
figures		
2.4 Amount Approved in		
words		
3.0 REPAYMENT SCHEDULE		
3.1 Repayment should be In equal instalm	ents in	Months
3.2 Equal instalments of P		each including interest.
3.3 First instalments to effect on or before		
3.4 Last instalment to effect on or before _		
4.0 AUTHORIZED SIGNATURE		
General Manager:		
Signature:		
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