

ORDINARY LOAN APPLICATION FORM

1. APPLICANTS DETAILS

Initials: Mr Ms Mrs	Dr Miss	others:		
Membership No:	_First Name:		S	Surname:
Omang No:	Genc	ler:DO	DB:	Retirement Date:
Marital Status: Single	Married	Divorced	Windowed [
Postal Address:				
Physical Address:				
Tel:	Cell:		Email:	
Home Village:			Ward:	
Designation:		Workpla	ce:	
Employer:	Dep	oartment:		Tel (W):
Name of Chief/Headman:			District:	
Next of Kin (in case of eme	rgency)			
Name:]	Relationship:	
Tel:	Cell:		Email:	
2. EMPLOYMENT				
Permanent Contr				(Contract Period)
NB: If on contract please a		yment letter.		
3. BANKING DETA	ILS			
Bank Name:	Branch:		Account Nun	ıber:
Amount Applied for: P				
Purpose of Loan:				
IN CASE NO DEDUCTION ACCOUNT NUMBER 340	IS HAVE BEEN	MADE, PAYMEN	NTS CAN BE	FORWARDED TO
Member's Signature:			Date:	
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Plot 54352 CBD Z	ambezi Towers, Gabo	prone - Tel: 390 8227, Fc	x: 319 1534, Box 8	31027 Gaborone

Email: info@motswedisaccos.co.bw Reg No: 143



4. OFFICIAL USE ONLY

Savings Balance: P		Maximum Eligibility: P	
O/Loan Bal: P		Emergency Bal: P	
Q/Loan Bal: P		M/Loan Bal: P	
G/Loan Bal: P			
Amount Qualified for: P			
		xYears = P	
		INSTALLMENTS	
Loan Applied for: P		Ordinary Loan: P	
Total O/E/Q/G/M: P		Emergency Loan: P	
Total Loans: P		Q/Loan: P	
		G/Loan: P	
		M/Loan: P	
		LAF: P	
		Total instalment: P	
Name:		Designation:	
Signature:		Date:	
5. SUPERVISOR Bank TRF/Cheque Amount	t: Loan P		
Less Q/E/G/M	P		
Less other Banks	P		
Total	P		
Name:			
Signature:			
General Manager:			
Signature:			
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The Accountant General Ministry of Finance and Development Planning Private Bag 008 Gaborone

Commercial Banks Alexander Forbes

Dear Sir/Madam

To

PUBLIC OFFICER'S PRIVATE SECTOR AND PENSIONERS STOP ORDER FOR LOAN REPAYMENT TO MOTSWEDI SAVINGS AND CREDIT CO-OPERATIVE LIMITED

I, the unders	igned					
Name (Block	k letters):			of Add	ress:	
		O	mang No:			
(Tick) Public	c Officers	Bank Stop Order	BPOPF			
Monthly	instalment:	P	Repayment	period:	From	

Hereby authorize the Government, commercial banks, and Alexander Forbes to deduct monthly from my salary for any loan repayment in the amount of P until my final loan settlement with Motswedi Savings and Credit Co-operative Society. I confirm that I shall have no claim against the Government, Commercial Banks, and Alexander Forbes for any failure on their part to make payment on the due date. I further authorize the Government to deduct from my financial benefits any monies that may still be due to the Society in the event of my cessation of society's membership, notwithstanding any other obligations attached to the benefits. If the monthly instalment is not deducted it is my obligation to pay through the society's relevant bank account and the society shall take appropriate action against me if I fail to pay on the due date.

Signature:	Date:
-	

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ACKNOWLEDGEMENT OF DEBT

MEMBERSHIP'S NAME:	OMANG:	
MEMBERSHIP NO:	LOAN AMOUNT:	
We are pleased to advise you that yo approved. The approved loan shall b	ur application for a loan of P e subject to the terms and conditions below.	has been
(on the same from the Public Service, the balance of demand signed by the Board Cha	I to pay an instalment plus interest of Pday of each month) until the final settlement. In ca will become immediately due and payable on den airperson or any other authorized official showing and Credit Cooperative Society LTD under this is in fact due and owing.	nand. The statement ng any sum due and
I amount and agree to all other require	acknowledge receipt of P ements stipulated in this agreement and the loan p	
Signed:	Date:	

(Borrower)



CREDIT COMMITTEE LOAN DECISION FORM (OFFICIAL USE ONLY)

1.0 PERSONAL DETAILS		
Full Name of Applicant:	ID	Retiring Date:
2.0 Date of Meeting		
3.0 LOAN DETAILS		
3.1 Loan Approved/Rejected/Deferred		
3.2 Reasons for		
rejection/Deffered		
3.3 Amount Approved in		
figures		
3.4 Amount Approved in		
words		
4.0 REPAYMENT SCHEDULE		
4.1 Repayment should be In equal instalments in _		Months
4.2 Equal instalments of P		each including interest.
4.3 First instalments to effect on or before		
4.4 Last instalment to effect on or before		
5.AUTHORIZED SIGNATURE		
Chairperson:	Signature:	Date:
Secretary:	_Signature:	Date: