

# MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

BOX 81027 GABORONE  
TEPHONE NO: 3908227  
FAX NO: 3191534  
REGISTRATION NO: 143



## PROPERTY DEVELOPMENT LOAN APPLICATION FORM

New Application [  ]

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### 1. APPLICANTS DETAILS

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Membership No: \_\_\_\_\_ Omang No: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Work Place: \_\_\_\_\_ Tel (W): \_\_\_\_\_

Home Village: \_\_\_\_\_ Ward: \_\_\_\_\_

Name of Chief/Headman: \_\_\_\_\_ District: \_\_\_\_\_

Marital Status: Married [  ] Single [  ] Widowed [  ]

#### Next of Kin (in case of emergency)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. BANK DETAILS

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account No: \_\_\_\_\_

Amount Applied For: P \_\_\_\_\_ Repayment Period: \_\_\_\_\_

Purpose of Loan: \_\_\_\_\_

Project location [village/Town and District: \_\_\_\_\_]

IN CASE NO DEDUCTIONS HAVE BEEN MADE PAYMENTS CAN BE FORWARDED TO ACCOUNT NUMBER

**3401681 BARCLAYS HOUSE BRANCH**

**NB: DEFAULTING MEMBERS SHALL BE SENT TO CREDIT BUREAU/DEFAULTER TRACKING COMPANIES SUCH AS ITC FOR BLACK LISTING.**

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 3. OFFICIAL USE ONLY

Savings Balance: P \_\_\_\_\_ Maximum Eligibility: P \_\_\_\_\_  
O/Loan Bal: P \_\_\_\_\_ E/ Loan Balances: P \_\_\_\_\_  
Q/loan Bal: P \_\_\_\_\_ D/Loan Bal: P \_\_\_\_\_  
Amount Qualified For: P \_\_\_\_\_ Shares Balance: P \_\_\_\_\_  
LAF: Ordinary Loan: 1.2% x P \_\_\_\_\_ x \_\_\_\_\_ Years = P \_\_\_\_\_

### INSTALLMENT

Loan Applied For: P \_\_\_\_\_ Ordinary Loan: P \_\_\_\_\_  
O/Loan Balance: P \_\_\_\_\_ Emergency Loan: P \_\_\_\_\_  
Total O/ Loans: P \_\_\_\_\_ Total installment: P \_\_\_\_\_  
Total E/O Loans: P \_\_\_\_\_  
Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. SECURITY

Details of security for the loan applied for

Description of an asset	Age	Original cost[P]	Asset Value [P]	Existing Bonds, Attachment, Financial Interest,

## 5. SUPERVISOR

Bank TRF/Cheque Amount: Loan: P \_\_\_\_\_ -CLP: P \_\_\_\_\_ = P \_\_\_\_\_  
Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Accountant General  
Ministry of Finance and Development Planning  
Private Bag 008  
Gaborone

Commercial Banks  
Alexander Forbes

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Dear Sir/Madam

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

I, the undersigned

Name (Block letters): \_\_\_\_\_ of

Address: \_\_\_\_\_

Omang No: \_\_\_\_\_

(Tick) Public Officers \_\_\_\_\_ Bank Stop Order \_\_\_\_\_ Alexander Forbes \_\_\_\_\_

Monthly installment: P \_\_\_\_\_ Repayment period: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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 Government, Commercial Banks and Alexander Forbes of any failure on their part to make payment on due date. I further authorize 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 installment 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 your application for a loan of P\_\_\_\_\_ has been approved. The approved loan shall be subject to the terms and conditions below;

Please note that you will be obliged to pay an installment plus interest of P\_\_\_\_\_ on \_\_\_\_\_ (on the same day of each month) until the final settlement. In case you are to resign from the Public Service, the balance will become immediately due and payable on demand. The statement of demand signed by the Board Chairperson or any other authorized official showing any sum due and owing by me to Motswedi Savings and Credit Cooperative Society LTD under this condition shall be conclusive evidence that such sum is in fact due and owing.

Signed: \_\_\_\_\_  
Manager

Date: \_\_\_\_\_

I \_\_\_\_\_ acknowledge receipt of P\_\_\_\_\_ as loan amount and agree to all other requirements stipulated in this agreement and the loan policy.

Signed: \_\_\_\_\_  
Borrower

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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**SPOUSE WRITTEN CONSENT**

I the undersigned (Full names) \_\_\_\_\_ married in community of

Property to \_\_\_\_\_ at \_\_\_\_\_ on

\_\_\_\_\_ do hereby give my \*husband/wife permission to attach any movable property of

Whatever nature which falls in our joint estate to Motswedi Savings and Credit Society as we enter into

Credit agreement, as credit receiver for the sum of P \_\_\_\_\_

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_

As witnessed by:

1. \_\_\_\_\_ Signature: \_\_\_\_\_

2. \_\_\_\_\_ Signature: \_\_\_\_\_

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## 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 Amount Approved in figures \_\_\_\_\_

3.3 Amount approved in words \_\_\_\_\_

### 4.0 Repayment Schedule

4.1 Repayment should be in equal installments in \_\_\_\_\_ Months

4.2 Equal installments of P \_\_\_\_\_ each including interest

4.3 First installment to effect on or before \_\_\_\_\_

4.4 Last installment to effect on or before \_\_\_\_\_

### 5.0 Authorized Signatories

**Chairperson:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Secretary:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NB: PLEASE ATTACH **VALUATION REPORT, LEGAL DOCUMENTS, OMANG AND LATEST PAYSIP** TO THIS APPLICATION