

# MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

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



TSHWARAGANO

## PETTYCASH LOAN APPLICATION FORM

### 1. APPLICANTS 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: \_\_\_\_\_

### 2. BANK DETAILS

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

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

Amount Applied For: P \_\_\_\_\_

Amount in Words: \_\_\_\_\_

#### Payment method- Direct debit:

Petty Cash Loan is payable in two months (2) and attracts 10% monthly interest

I \_\_\_\_\_ authorise the Society to deduct the sum of P \_\_\_\_\_ directly from by bank.

1<sup>st</sup> instalment of P \_\_\_\_\_ on the \_\_\_\_\_

2<sup>nd</sup> instalment of P \_\_\_\_\_ on the \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_

NOTE: Transactional costs of P 7.50 would be charged to members in case of insufficient funds

PAYMENTS CAN BE FORWARDED TO ACCOUNT NUMBER **3401673 BARCLAYS HOUSE BRANCH**

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

### 3. OFFICIAL USE ONLY

**MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED**

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Loan applied For: P \_\_\_\_\_

Last Petty Cash loan Applied for: P \_\_\_\_\_ Date: \_\_\_\_\_

Amount paid  Recovered from Savings  P \_\_\_\_\_

Date paid/recovered \_\_\_\_\_ Shares Balance: P \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

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

**4. SUPERVISOR**

Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**5. MANAGER'S DECISION**

Remarks: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

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

NB: PLEASE ATTACH A COPY OF **ADVICE SLIP, OMANG AND DEPOSIT SLIP (of any recent Petty cash loan payment)** TO THIS APPLICATION.