

MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

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



ORDINARY LOAN APPLICATION FORM

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: _____

Next of Kin (in case of emergency)

Name: _____ Relationship: _____
Tel: _____ Cell: _____ Email: _____

2. EMPLOYMENT TERMS

Permanent Contract
_____ (Contract Period)

NB: If on contract please attach employment letter.

3. BANK DETAILS

Bank: _____ Branch: _____
Account No: _____
Amount Applied For: P _____ Repayment Period: _____
Purpose of Loan: _____

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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4. OFFICIAL USE ONLY

Savings Balance: P _____ Maximum Eligibility: P _____
O/ Loan Bal: P _____ E/Loan Bal: 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 _____
Total O/D/Q/E: P _____ Emergency Loan: P _____
Total Loans: P _____ D/Loan: P _____
Q/Loan: P _____
Total instalment: P _____

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

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

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: _____

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(Tick) Public Officers _____ Bank Stop Order _____ BPOPF _____

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: _____

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: _____ Date: _____
Manager

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

Signed: _____ Date: _____
Borrower

Signed: _____ Date: _____

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Witness

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: _____