



# Saphumula Savings & Credit Cooperative Society Ltd.

P.O.Box A278. Swazi Plaza  
Lot 362, Mission Street,  
Mbabane  
Tel: +268 2404 7447  
+268 2404 8715  
Fax: +268 2404 9358  
E-mail: applications@saphumula.co.sz

## LOAN APPLICATION FORM

LONG TERM

SCHOOL

EMERGENCY

### PART 1:- MEMBER'S DETAILS:

NAME: ..... SURNAME: .....

RESIDENTIAL ADDRESS: .....

POSTAL ADDRESS: .....

TEL : ..... CELL: ..... OTHER: .....

ID NUMBER : ..... EMPLOYMENT No: .....

MEMBERSHIP No: ..... SECTION: .....

### PART II:- LOAN AND PURPOSE:

LOAN AMOUNT REQUESTED E.....

AMOUNT IN WORDS: .....

PURPOSE OF LOAN: .....

REPAYMENT PERIOD IN MONTHS .....

### PART III:- BANKING DETAILS:

NAME OF BANK: ..... ACCOUNT NO: .....

### PART IV:- LOAN REPAYMENT SYSTEM DECLARARTION:

I DECLARE AND AUTHORIZE MY EMPLOYER OR BANK TO DEDUCT A SUM OF E.....  
..... MONTHLY FROM MY SALARY, AS A MEANS OF REPAYMENT OF THE ABOVE LOAN  
UNTILL IT IS PAID IN FULL. I HEREBY ATTACH MY PAY ADVICE SLIP FOR PURPOSES OF CREDIT  
ASSESSMENT.



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### PART V:- SECURITY:

IN THE EVENT THAT I FAIL TO HONOR MY LOAN PAYMENT TERMS, I HEREBY AUTHORIZE THE SAPHUMULA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY TO ATTACH THE FOLLOWING PROPERTY, WHICH I PLEDGE AS SECURITY AGAINST THE LOAN.

ASSET	VALUE (E)
ORDINARY/SCHOOL SAVINGS	E.....
OTHER (SPECIFY): .....	E.....

### PART VI:- DECLARATION BY APPLICANT:

I, THE UNDERSIGNED, ....., DO HEREBY COMMIT MYSELF THAT I APPLIED FOR THE ABOVE LOAN, AND I ALSO CONFIRM THAT I DULLY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS THAT GOES WITH IT, PARTICULARLY AS LAID DOWN IN THIS LOAN AGREEMENT.

I HEREBY WARRANT THE CORRECTNESS OF THE INFORMATION PROVIDED IN THIS APPLICATION FORM, THUS THE SAPHUMULA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY CAN GO AHEAD AND USE THE INFORMATION AS TRUE AND CORRECT.

APPLICANT'S SIGNATURE:..... DATE:.....

### PART VII :- MANAGEMENT RECOMMENDATION:

WE HAVE ASSESSED THE MEMBER'S LOAN REQUEST AND IN OUR VIEW THE LOAN SHOULD BE:

APPROVED/DEFERRED/REJECTED: .....

REASONS FOR DEFERRING OR REJECTIONS: .....

.....

.....

IF APPROVED, AMOUNT TO BE APPROVED: E.....

MANAGER:..... DATE:.....



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## PART VIII:- CREDIT/SUPERVISORY COMMITTEE:

AT THE MEETING OF THE CREDIT COMMITTEE HELD ON THIS DATE OF .....

IT WAS RSOLVED THAT THIS APPLICATION BE:

APPROVED/DEFFERED/REJECTED:.....

COMMENTS.....

AMOUNT APPROVED: E ..... PAYABLE IN ..... MONTHS.

CHAIRPERSON: ..... SIGNATURE:.....

SECRETARY: ..... SIGNATURE:.....

MEMBER..... SIGNATURE:.....

## PART IX:- LOAN PAYMENT:

EFT/CHEQUE NO..... AMOUNT E.....

SIGNED BY TREASURER..... DATE.....

## PART X:- OFFICE USE:

ORDINARY SAVINGS BALANCE: E.....

LONG TERM LOAN BALANCE: E.....

PAID UP SHARE CAPITAL : E.....

SCHOOL LOAN BALANCE: E.....