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

LUJU LOAN APPLICATION FORM

PART 1:- MEMBER'S DETAILS:

NAME: …… SURNAME: ……

RESIDENTIAL ADDRESS: ……

POSTAL ADRESS: ……

TEL :…….. CELL:…….. OTHER: ……..

ID NUMBER :…… EMPLOYMENT No:……

MEMBERSHIP No: …… SECTION:……

PART II:- LOAN AND PURPOSE:

LOAN AMOUNT REQUESTED (**Maxi E3,500.00**) E……

REPAYMENT PERIOD IN MONTHS …… (Maxi 6 Months)

PART III:- DISBURSEMENT MODE (pick one):

NAME OF BANK: …… ACCOUNT N0: ……..

UNAYO: ☐ CELL:……

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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 ASSESMENT.

APPLICANT'S SIGNATURE:…….. DATE:……..

PART VI:- LOAN APPROVAL :

AT THE MEETING OF THE CREDIT COMMITTEE HELD ON THIS DATE OF ……,

IT WAS RESOLVED THAT THIS APPLICATION BE:

APPROVED/DEFFERED/REJECTED:……

Comments……

MANANGER:…… DATE……

CHAIRPERSON…… DATE:……

SECRETARY:…… DATE……

MEMBER ..:…… DATE……