



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

SHORT-TERM LOAN APPLICATION FORM

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.....
REPAYMENT PERIOD IN MONTHS

PART III:- DISBURSEMENT MODE:

NAME OF BANK: ACCOUNT NO:
MOBILE MONEY: CELL:
POST OFFICE: BRANCH:



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PART IV:- LOAN REPAYMENT SYSTEM DECLARATION:

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.

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

PART V:- OFFICE USE:

LIKUSASA SAVINGS BALANCE: E.....

SHORT TERM LOAN BALANCE: E.....

COMMENT:..... SIGNED:

PART VI:- LOAN APPROVAL :

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

IT WAS RESOLVED THAT THIS APPLICATION BE:

APPROVED/DEFERRED/REJECTED:.....

Comments.....

CHAIRPERSON..... DATE:.....

SECRETARY:..... DATE.....