



THYOLO TEACHERS SAVINGS & CREDIT COOPERATIVE SOCIETY

P.O. BOX 175, THYOLO TELEPHONE: 0 997 968 135

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LOAN APPLICATION FORM

BRANCH/SATELLITE:.....

1. LOAN TYPE

NORMAL LOAN EXPRESS LOAN FLEXIBLE LOAN EMERGENCY LOAN EMERGENCY PLUS LOAN
EMERGENCY PLUS PLUS LOAN- IGA/MATERIAL LOAN

2. PERSONAL INFORMATION

NAME OF APPLICANT:..... EMPLOYMENT NUMBER.....

NATIONAL ID.NO:.....

DATE OF BIRTH:..... CURRENT ADDRESS.....

HOME VILLAGE HEADMAN.....HOME DISTRICT:.....

CONTACTS: CELL..... FIXED LINE:.....

Email:.....

3. OCCUPATIONAL INFORMATION

• EMPLOYER'S NAME:.....

• EMPLOYER'S MAILING ADDRESS:.....

4. BANK ACCOUNT DETAILS

BANK NAME:.....ACCOUNT NAME:.....

ACCOUNT NUMBER:..... BRANCH:.....

DISCLAIMER:

Thyolo Teachers SACCO shall not be held liable for any delays or losses arising from transfers made to wrong bank accounts given herein by loan applicants.

5. LOAN INFORMATION

A. Amount Applied for: MK.....In words.....

B. Loan Tenor/Period:.....

C. The Purpose of the Loan:.....

6. DECLARATION

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and that I agree to abide by the By-laws of the society and the Loans policy and other variations by the Credit/Management Committees in respect thereof. I further declare that I will abide by agreements and terms and conditions made in respect of this loan application. I therefore authorize the necessary deductions to be made from my salary remittance by my bankers as repayment for this loan and in case of default; my shares and deposits will be used to offset the outstanding loan balance.

NAME OF APPLICANT:.....SIGNATURE:.....DATE:.....

7. REPAYMENT GUARANTEE (TO BE READ AND COMPLETED BY A WITNESS IF THE LOAN IS MORE THAN SAVINGS)

In consideration for granting this loan or any other lesser amount that shall be approved, we the undersigned, hereby accept jointly and severally, liabilities for its repayment, in the event of the borrower's default. We accept that the defaulted amount shall be recovered by deducting our shares or from our salaries or confiscation of our properties shall be effected and that we shall be absolved of this responsibility when the loan has been fully repaid.

WITNESSES

A. **Name of witness**.....

Physical Address.....

Loan Security..... Cell No.....

Signature..... Date.....

B. **Name of witness**.....

Physical Address.....

Loan Security..... Cell No.....

Signature.....

OFFICIAL USE

A. LOAN APPRAISAL

CURRENT LEDGER BALANCES

Shares: K..... Deposits: K..... Loans: K.....

CREDIT WORTHINESS

Member Stability:.....

Member Reliability:.....

Member Affordability: MK.....

Appraised by:..... Signature:..... Date:.....

B. LOAN APPROVAL

Amount approved:.....

Repayment period:.....

Interest rate applicable:.....

Repayment amount (monthly):.....

Loan Number:.....

Reason for any variations or for declining:.....

Approved by: **Branch Supervisor:**.....**Signature:**.....**Date:**.....

Credit Manager:.....**Signature:**.....**Date:**.....

General Manager:.....**Signature:**.....**Date:**.....

Credit Committee:

i.

ii.

iii.

OFFICIAL STAMP