APPLICATION FOR EDUCATION LOAN AND AGREEMENT FORM



PERSONAL INFORMATION

Membership No.	
Employment No.	

						1.2	
Member's Name						ID No.	
Address						Date of Birth	
≅ Work		☎ Cell		Gender (M/F)			
Location			Expected Date of Retire		tirement		
Salary Band	7-11	4-6	1-3	Age	18-30 YRS	31-40 YRS	OVER 40 YRS
Monthly Income				Mon	thly Savings		•

BANKING DETAILS

Name of Bank	
Branch Code	Account No

I hereby apply for loan of P					
to be repaid in	principal plus interest installments of	of P	per month		
as charged by the S	Society with effect from month	to month of			
Total interest of P					

PURPOSE OF LOAN



INSURANCE PREMIUM

Emergency Loan Education loan Quick Loan

Total

agree to insure my loan at the premium of P				deducted from my loan amount			
Signature of Ap	Signature of Applicant Date						
OFFICIAL USE							
PAYROLL DEDUCTIONS							
		Principal	Interest	Savings		Total	
Main Loan	Loan Top Up						

DECISION OF CREDIT COMMITTEE

Approved	Disapprove	b	SELECT BY TICK		
Date					
				Signature	Date
		Credit C	Committee Members		
	<u> </u>			<u> </u>	
Reason for Disapproval					

Credit committee chairperson		
Signature	Date	



PROMISORY NOTE / ACKNOWLEDGEMENT OF DEBT

Member's Name	ID No	
Membership No	Loan Amount	

We are pleased to advice you that your application for loan of P has been approved. The approved loan shall be subject to the terms and conditions as follows:

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. Interest shall be calculated at a rate of 7% per annum or 0.58% per month on a reducing balance.

On resignation, dismissal, or retirement the remaining loan amount shall be deducted from member's terminal benefits and for any balance the member shall arrange to clear that within three (3) months. The statement of demand signed by the Management Board Chairperson or any other authorized official showing any sum and owing by me to Maitlamo Savings and Credit Co-operative Society Ltd under this condition shall be conclusive evidence that such sum is in fact due and owing. The Society shall enlist with nationally registered Credit Bureau and or Debt collectors as shall be deemed fit for purposes of dealing with my debts collection without exclusions.

Society Manager		
Signature	D	ate

1		acknowledge
receipt of	Р	as Loan Amount and agree to all other requirements stipulated in
this Loan A	greement and	the Loan policy.

Signature of Applicant	Date	
Witness Signature	Date	



OFFICE USE/FOR MANAGEMENT DATA CAPTURING

	Account Code	BWD (dr)	BWD (cr)
Loans			
Premium			
Set Off			
Interest			
Loan admin refund			
BANK TRANSFER			