

EMERGENCY LOAN APPLICATION FORM

DATE:.....

MEMBER NO:.....

SAVINGS:.....

Name:.....

Address:.....

Present Employer:.....Designation:.....

Area/Region:.....Tel/Cell:.....

No of Dependants:.....

Gross Salary E.....Net Salary: E.....

Other Income:E.....Source:.....

I hereby apply for a loan of (in words).....
Emalangeni.....E.....for a period of
months at an interest rate of 1.8% per month.

Purpose of loan (explain fully).....

Surety or co-maker offered:.....

Loans with other organizations E:.....Name of org:.....

BANKING DETAILS

Name of Bank:.....Branch:.....

Branch Code:.....Acc no:.....

ACCELERATION

Should the Borrower fail to pay any instalment on its due date , the Lender shall be entitled , but not obliged , to claim the full balance of the loan with interest and any other costs, including attorney and client scale costs, in enforcing the terms hereof, without prejudice to any of its rights in terms of the law.

Further, the Lender will be entitled to enlist the Borrower with Information Trust Commission (ITC).

BREACH

In the event of Lukhotse Savings & Credit Co-operative Society Ltd having to institute legal proceedings to enforce compliance with the terms hereof or to protect any of its rights, the Borrower shall be liable for all expenses incurred, including but not limited to, attorney-client scale costs, collection, commission, penalty interest, tracing fees, etc.

Further, the Lender will be entitled to enlist the Borrower with Information trust Commission (ITC).

I hereby certify and confirm that this agreement constitutes the full terms of the covenant and no variation shall be of any force and that all statements made above are true and complete.

Member's signature:.....Date:.....

Office Use:

Mode of Payment:

Cheque no:.....Internet Transfer:.....

Managers Approval:.....

Approved by Credit Committee

Chairperson:.....Date:.....

Secretary:.....Date:.....

Member:.....Date:.....

Rejected by Credit Committee

Chairperson:.....Date:.....

Secretary:.....Date:.....

Member:.....Date:.....

Reasons for rejection:.....

Signed by Authorised Signatory

Chairperson:.....Date:.....

Vice-Chairperson:.....Date:.....

Treasurer:.....Date:.....

Secretary:.....Date:.....

LUKHOTSE SAVINGS & CREDIT COOPERATIVE SOCIETY
THE CHECK-OFF SYSTEM

Please deduct from my salary the sum of E.....

In words:.....

.....

Commencing:.....for a period of:.....

Being:	a)Shares	.....
	b) Ordinary-savings	.....
	c)Demand-savings	.....
	d)Special-repayment	.....
	e)Ordinary-repayment	.....
	f)Emergency-repayment	.....
	g)Short-repayment	.....
	h)Education-repayment	.....
	i)Debtors	.....
	TOTAL	.....

Full Name:.....

Signature:.....

Date:.....