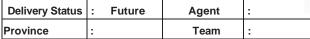


Purpose: Applied Asset





Registered Microfinance

ZB Chamber, 2nd Floor, corner 1st Street & George Silundika Harare

LOAN APPLICATION AND CONTRACT FORM for Z.B BANK ACCOUNT HOLDERS

Qupa Microfinance Ltd (Hereinafter referred to as "the Lender" which expression, unless repugnant to the context or meaning hereof, shall include it's successor(s), administrator(s) or permitted assignee(s)) is a registered microfinance institution established and existing under the laws of Zimbabwe and having its registered corporate offices at 2nd floor, Chambers House, Cnr. First and G. Silundika, Harare.

				Α	ND								
1.CUSTOMER PERSONAL DETAILS													
			1										
Title: Mr/ Mrs/ Miss Surname: Fire			irst Na	me:	(Gender	: Male/	/ Fei	ma	le	Date of Birth:		
Marital Status: Single/ Married/Divorced/ Widowed Nationality: Zimbabwea				an	I.D Number:				nber:				
Cell Number: WhatsApp:					E	Email Address:							
Name of Responsible Paymaster : Church :													
Name of Employer : Employer Address:													
Permanent Address (if differe	nt from a	above):											
Property Ownership: Owned	E	Employer (Owned Rented			nted	d		1	Mortgaged			Parents Owned
Period at current address:	Le	ess than C	ne Y	ear	Be	weer	1–2 y	ears	ı	Between 2-5 years		ars	More than 5 years
Status of employment:	Pe	ermeant			Co	ntract				Part time			
Job Title:	Date	of Emplo	yme	ent:		Nar	ne of I	Head o	of Ir	nst	itution:Mr /	/Mrs	/Miss
						Cell	No of	Head	of	Ins	titution:		
Employment number:						(Currer	nt Net	Sala	ary	/ (USD):	\$	
2.SPOUSE AND NEXT OF	KIN D	ETAILS											
Full Names		Relati	onsh	nip l	Phone	Num	bers	Resi	den	ntia	ıl address		
1.)				•									
2.)													
3.)													
3.BANKING/MOBILE ACC	TNUC	DETAILS	5										
BANK BRANCH				СН						AC(COUNT NUM	IBER	2
4.LOANS WITH OTHER INSTITUTIONS (ALSO INCLUDE QUPA LOAN)													
INSTITUTION REPAYMENT				CURRENT LOAN BALANCE			MATURITY DATE						
5.CREDIT FACILITY APPL	ICATIO	N DETA	ILS										
Monthly Installment: \$	3 m	onths		6 mon	ths		9 mc	onths			12 months		Other:



Bank Stamp:



EARLY CONTRACT TERMINATION

The Borrower has the Option to pay up the credit earlier than the maturity date. The Borrower shall, however, pay Qupa Microfinance early termination administration fees if the cancellation is voluntarily requested by the Borrower.

IMPORTANT NOTICE

- 1. The terms and conditions highlightedin this agreement can be explained in the Borrower's local language upon request of the Borrower.
- 2. Qupa Microfinance reserves the right to decrease or increase the instalment amount or adjust the tenure where credit performance is an issue or statutory changes.
- 3. For all queries or enquiries customers should contact Qupa through the ZB branch network or Bancozim.

CREDIT CESSION AND COLLATERAL

3. Confirmation and Commitment Letter from employer

- 1. The Borrower hereby conclusively and unconditionally cede the credit to Bancozim.
- The Borrower hereby cede the purchased item(s) as collateral for the credit and further authorises Qupa Microfinance through the Merchant to repossess or deny the use of the pledged asset in the event of a default.

DECLARATION

I declare that the information given above is accurate and correct. I am aware that falsifying information automatically leads to decline of my credit application. I authorise Qupa Micorfinance to obtain and use the information obtained for the purposes of this application from the recognised credit bureau. I authorise Qupa Microfinance to obtain references from Bancozim if there is need. I undertake to provide all documents required by Qupa Microfinanceand to update all records in the event of change of any personal details. I hereby consent to be covered by Qupa microfinance insurance policy which Qupa takes out with the insurance company of its choosing and further cede my rights to Qupa microfinance in the event of a claim.

Full Name:		Signature:	Date:	
Witness Full Name:		Signature:	Date:	
FOR OFFICIAL US	E ONLY			
Received & Checked by: Approved by:	Name: Name:	Signature: Signature:	Date:	
KYC CHECKLIST 1. Copy of ID or Valid Pas	sport			
2. Current Pay Slip				



DEBIT ORDER AUTHORIZATION

TO BE COMPLETED BY THE APPLICANT AND ZB ACCOUNT HOLDER

APPLICANTS DETAILS						
PART A						
Surname:						
Forename(s):						
Address:						
Addicss						
Telephone Nos. Cell No:Work						
relephone Nos. Cell Noworkwork						
Email Address:National ID						
DEBIT DETAILS						
PART B						
Monthly Repayment to be debited Amount:\$Formonths (tenure)						
From ZB Account Number:BranchBranch						
<u>CREDIT DETAILS</u>						
Due Dates Of Payments:						
ZB Qupa Account No to be credited:						
25 Qupu / looduit 110 to be diculted						
1. I, the undersigned request QUPA MICROFINANCE (PRIVATE) LIMITED to arrange with Zb Bank for credit repayments payable in terms	of					
the conditions of the finance facility or as they may be amended from time to time, credit repayments to be drawn against the						
account wherever it may be according to the debit order system, without prejudice to QUPA MICROFINANCE (PRIVATE) LIMITED'S righ						
2. I realize that I am not entitled to recover any amount drawn on my account in terms of this debit order and that show						
Bank/Building Society repay such an amount to me, I should have to refund it to QUPA MICROFINANCE (PRIVATE) LIMITED.						
3. I will not revoke this arrangement at any time without the consent and authorization of QUPA MICROFINANCE (PRIVATE) LIMITED WHO	ose					
authorization shall be in writing, but the revocation will have no effect on deductions which have been or could have been ma	ıde					
in accordance with this request.						
4. I agree that I shall have no claim against the Bank or the Building Society in the event of any of the payments not being paid on the						
due date for any reason whatsoever. I undertake to ensure that the account is adequately funded to provide for credit instalme						
or repayments as and when requested by my Bank/Building Society or by QUPA MICROFINANCE (PRIVATE) LIMITED. I understand a						
agree that I will be liable for any penalties levied by the Bank / Building Society on any debit order request made by QU	PA					
MICROFINANCE (PRIVATE) LIMITED in terms of this authorization when my account is not adequately funded.						



PRODUCT ORDER FORM (P.O.F)

Date	
Client Name	
E.C Number	
Delivery	
Address	

PRODUCT/ITEM DESCRIPTION	PRODUCT CODE	QUANTITY	INSTALMENT
1)			
2)			
3)			
	TOTAL-:		

DECLARATION BY ORDERING CLIENT -:

I the undersigned(also known as the client) do hereby confirm that today I have indeed ordered the above stated product(s)/Items(s) from Bancozim (also known as the product supplier) as per their product catalogue and /or pricelist shown to me . This being made possible and facilitated by a zero rated deposit S.S.B micro financing funding arrangement by Qupa Microfinance (also known as the financier) who will be deemed to be the custodians of the consequential loan and if successfully processed I will be fully indebted to them for all future instalments due. I further confirm that I have not been requested to pay an advance payment or deposit of any kind and neither have i paid any such to monies to the Bancozim representative attending to me. I authorise Qupa Microfinance to compensate Bancozim to the value of loan amount as stated on the application form directly to them in exchange for my yet to be delivered ordered product/item. I do hereby acknowledge that once I have appended by signature on the loan application form and submitted all my KYC documents, then the process will then be deemed to be irrevocably and therefore cannot be cancelled. I confirm that the delivery of the product will be done to my employer's address as stated above free of charge and delivery to any other address other than this will be done as at Bancozim's management sole discretion and may require an extra transportation charge depending on the distance involved.

I declare that if I initiate cancellation of this application for whatever reason then I authorize and agree to be charged a penalty equivalent to one month instalment. Which amount deemed as an administration cost shall be deducted directly from my salary without prejudice.

Signature		I.D Number
5	Fingerprint	