





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.

AND

1.CUSTOMER PE	ERSONAL	DETAIL	.S										
Title: Nav/ Nave/ Naice	Surname:			First No.					. Mak	۰/ C	iomolo.	Doto	of Dirth.
			L			G	ender: Male/ Female		Date of Birth:				
Marital Status: Singl		d Na	tionalit	ty: Zimbabwe	an	n I.D Number:							
Cell Number:		Wh	atsAp	p:		Email Address:							
Name of Responsib	Name of Responsible Paymaster : Church : Other												
Name of Employer	Name of Employer : Employer Address:												
Permanent Address	s (if different t	from ab	ove):			ı			1				
Property Ownership	: Owned	Er	nploye	er Owned	Rented			Mortgaged			Parents Owned		
Period at current ad	dress:	Les	s than	One Year		Between 1–2 yea		ears		Between 2-5 years		More than 5 years	
Status of employr	ment:	Perr	meant			Cor	ntract		Part time				
Job Title:	1	Date o	f Emp	oloyment:									/Miss
Employment num	nber:						Cı	urren	t Ne	t Sa	alary (USD):	\$	
2.SPOUSE AND	NEXT OF K	IN DE	TAIL	S									
Full Names Relations			itionship	ip Phone Numbers Residential address									
1.)													
2.)													
3.BANKING/MOB	II E ACCOL	INT D	FTAII	S									
3.BANNING/MOB	ILL ACCOU	ייייי דיייי		_0									
BANK			BRANCH				ACCOUNT NUM			ACCOUNT NUM	IBER		
4.LOANS WITH C	THER INST	[ITUTI	ONS	(ALSO INC	_U[DE Q	UPA	LOAI	N)				
INSTITUTION	REPAYMENT	Г			CURRENT LOAN BALAN			AN	ANCE MATU		TURITY DATE		
5.CREDIT FACILITY APPLICATION DETAILS													
Price/Applied Amount: \$			ths			9 mo	nths		12 months		Other:		
Purpose: Applied As	sset												
т агрозо. дррпеа д												• • • • • • • •	



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				

The Pensions Master Public Service Commission Pension Agency P O Box CY 397 Causeway HARARE







EXTERNAL DEDUCTIONS FORM

PAYABLE TO :-	QUI		INANCE (PRIV		D)
SURNAME		FIR	ST NAME		
(TICK IN THE BOX) NEW		CHANGE		DELETE	
L					
CODE					
O796 (USD)					
MONTHLY AMOUNT					
START DATE					
END DATE					
REFERENCE NUMBER					
NATIONAL ID NUMBER (Attach	acutified convert	*h = mat;ama	LID)		
NATIONAL ID NUMBER (Attach	certified copy of	the nationa	(טו ו		
Applicant's signature	THUMB PRINT	Α	Approved	Da	ite
NOTE : FORM TO BE COMPLET	ED BY ADDITIONIT		N HANDWAITIN	ıc	

NOTE: FORM TO BE COMPLETED BY APPLICANT IN HIS OWN HANDWRITING



DEBIT ORDER AUTHORIZATION

TO BE COMPLETED BY THE APPLICANT AND ZB ACCOUNT HOLDER

APPLICANTS DETAILS						
PART A Surname:						
Forename(s):						
Address:	•					
Telephone Nos. Cell No:						
Email Address:National ID	••••					
DEBIT DETAILS						
PART B						
Monthly Repayment to be debited Amount:\$Formonths (tenure)						
From ZB Account Number:BranchBranch						
CREDIT DETAILS						
Due Dates Of Payments:						
ZB Qupa Account No to be credited:						
1. I, the undersigned request QUPA MICROFINANCE (PRIVATE) LIMITED to arrange with Zb Bank for credit repayments payable in term the conditions of the finance facility or as they may be amended from time to time, credit repayments to be drawn against account wherever it may be according to the debit order system, without prejudice to QUPA MICROFINANCE (PRIVATE) LIMITED'S right	my					
 I realize that I am not entitled to recover any amount drawn on my account in terms of this debit order and that sho 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 wh authorization shall be in writing, but the revocation will have no effect on deductions which have been or could have been may 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 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 agree that I will be liable for any penalties levied by the Bank / Building Society on any debit order request made by QUMICROFINANCE (PRIVATE) LIMITED in terms of this authorization when my account is not adequately funded.	ents and					
Signature(s) of account holderDateDate						



PRODUCT ORDER FORM (P.O.F)

Date	
Client Name	
E.C Number	
Delivery	
Address	

PRODUCT/ITEM DESCRIPTION	PRODUCT CODE	QUANTITY	INSTALMENT
1)			
2)			
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