

Service Loan Application Form

Personal Information

Last Name: First Name:

Gender ☐ Male ☐ Female Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms No. of Dependents:

Current Physical Address:

Postal Address:

District: City: Ward:

E-Mail: Cell Phone: Home Phone:

Place of Birth: Date of Birth: DD / MM / YYYY Nationality:

Next Of Kin

Last Name: First Name:

Relation to the applicant:

Current Physical Address:

Postal Address:

District: City: Ward:

E-Mail: Cell Phone: Home Phone:

Place of Birth: Date of Birth: DD / MM / YYYY Nationality:

Employment History

Date of employment: DD / MM / YYYY

Years of service:

Financial Background

Current salary:

Total debts:

Date

Signature

I of ID number | | | | | | | | |
 request a loan for the following services;

| Services / Products | Tick Box | Items | Quantity | Price (BWP) |
|--------------------------------|--------------------------|----------------------|----------------------|----------------------|
| 1. Funeral Expenses | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Medical expenses | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Electrical vouchers / bills | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. Gas | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Airtime | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. DSTV | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. School fees | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. Loan clearances | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. Fuel | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10. Legal costs | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11. Hotel accommodation | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12. Car rental | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 13. Water bill | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 14. House rental | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 15. Grocery | <input type="checkbox"/> | VOUCHER | VOUCHER | <input type="text"/> |

| Services / Products | Tick Box | Items | Quantity | Price (BWP) |
|--------------------------------------|--------------------------|--|----------|-------------|
| 16. Motor vehicle services | <input type="checkbox"/> | | | |
| 17. Tyre services | <input type="checkbox"/> | | | |
| 18. Short loan | <input type="checkbox"/> | | | |
| 19. Wifi / Internet | <input type="checkbox"/> | | | |
| 20. Building materials | <input type="checkbox"/> | VOUCHER | VOUCHER | |
| 21. Seshabo (P50 / P100 Package) | <input type="checkbox"/> | Beef stew | | |
| | <input type="checkbox"/> | Chicken | | |
| | <input type="checkbox"/> | Braai pack | | |
| 22. Once off loan | <input type="checkbox"/> | Amount: <input type="text"/> (Interest : 15%) | | |
| | | Expected repayment amount: <input type="text"/> | | |
| | | Expected repayment date: <input type="text"/> DD / MM / YYYY | | |
| TOTAL | | | | |

Payment Structure

| | | Tick Box |
|---------------|---------|--------------------------|
| P1 - P1000 | 30 days | <input type="checkbox"/> |
| P1001 - P3000 | 60 days | <input type="checkbox"/> |
| P3001 - | 90 days | <input type="checkbox"/> |

Terms & Conditions

1. I

ID Number (Omang)

employee of

employee number

agree to have my loan repayment to Bridgeford (Pty) Ltd of BWP

per month for month(s).

2. In the case of default in my payment terms or termination of employment,
i agree to have balance owed to Bridgeford, deducted from my benefits or
severance pay.

Date

Signature

Employer Recommendations

I

employee number

☐ RECOMMEND

☐ DO NOT RECOMMEND (STRIKE OUT UNAPPLICABLE)

for above employee for his/her loan request from Bridgeford.

COMMENTS

Department:

Designation:

COMPANY STAMP

Office Use (Bridgeford)

☐

Recommend

☐

Not recommended

COMMENTS

Name:

Signature:

Date:

☐

Approved

☐

Not approved

COMMENTS

Name:

Signature:

Date:

COMPANY STAMP



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