



Woodgate House  
2<sup>nd</sup> Floor, Suite 210 -213  
Cairo Road  
P.O Box 320046  
Lusaka.  
t: 021 123 2229  
e: info@softkash-zm.com

PRE – APPROVAL FORM

Date:

Surname	
Other Names	
Employee No.	
NRC #	
Employer	
Division/ District	
Payroll Area Code	

Applicant's Signature

FOR EMPLOYER ADMINISTRATION USE ONLY

Other Current Deductions from Salary – Based on the latest pay slip

DESCRIPTION	Employer's Calculation	SoftKash's Calculation
60% of Basic Pay		
Add 100% of all Recurring Allowances		
Less PAYE		
Less Pension		
Less Other Statutory Deductions		
Other Recurring deductions (including 3 <sup>rd</sup> Party Deductions)		
Internal loans being settled and deduction to be cancelled (add back)		
Deduction Calculation	Approved Maximum Instalment	
	ZMW	

Loan applied for:

Loan Term:

Monthly Instalment:

Expected year of retirement:

Employer Administrations hereby confirms that the details for the above mentioned individual are correct. The administration confirms also that the individual is currently employed by [.....] and is eligible for the loan applid for:

Authorized Signatory on behalf of Employer:

Signatory's Names:

Designation:

Contact Number:

STAMP



Woodgate House  
2<sup>nd</sup> Floor, Suite 210 -213  
Cairo Road  
P.O Box 320046  
Lusaka.  
t: 021 123 2229  
e: info@softkash-zm.com

## SOFTKASH AFFORDABILITY CALCULATION

### PAYSLIP SECTION: (Payslip)

Gross earnings 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

Net Salary 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

Total Deductions 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

 C

### RECURRING INCOME: : (Payslip)

Basic Salary 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

 A

### RECURRING Allowances: (Payslip)

Housing Allowance (100%) 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

Rural Allowance (100%) 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

Recruitment and Retention Allowance (100%) 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

Shift Allowance (50%) 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

Commission (50%) 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

OTHER ALLOWANCES THAT ARE RECURRING 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

Total Recurring Allowance 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

 B

### LOAN CHANGES IN PAYSLIP

LOANS ON CREDIT BUREAU NOT YET ON PAYSLIP 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

 D

LOANS WITH "000" FINAL DEDUCTION 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

 E

### DEDUCTIONS ON APYSLIP TO BE SETTLED

Less SoftKash loan payment on Payslip to be Settled 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

 F (1)

Less OTHER lenders repayments on Payslip to be consolidated 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

 F (2)

TOTAL LOANS TO BE SETTLED: F (1) + F (2) 

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

 F

MAXIMUM LOAN INSTALMENT: A+B-C-D+E+F-  
(A=50%)

ZMW												
-----	--	--	--	--	--	--	--	--	--	--	--	--

I declare that these accounts are an accurate reflection of my monthly income and expenses which will be used to determine whether I can afford the monthly instalment of the loan applied for. Should my circumstances change and I am unable to meet my loan repayments, I undertake to inform SoftKash and the onus of providing this liability to SoftKash satisfaction lies entirely with me. I consent to SoftKash, in its discretion, making enquiries as to my credit record or to confirm/ query with any party any information provided by me.

Borrower's Signature:

Date: 

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Consultant's Signature:

Date: 

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---



AGENT/ BROKER: \_\_\_\_\_  
BRANCH/ AREA: \_\_\_\_\_

## SECTION A

This loan application form constitutes a legally binding agreement between the loan applicant ("The Borrower" and "The Lender")

NEW LOAN ☐      ROLL-OVER LOAN ☐      ADDITIONAL LOAN ☐

## SYSTEM INFORMATION

SYSTEM REFERENCE NUMBER										APPLICATION DATE	Y	Y	Y	Y	M	M	D	D
-------------------------	--	--	--	--	--	--	--	--	--	------------------	---	---	---	---	---	---	---	---

## PERSONAL INFORMATION

TITLE																									
SURNAME																									
FIRST NAME																									
NRC NUMBER																									
DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D																	
GENDER		MALE					FEMALE																		
NUMBER OF DEPENDENTS																									
MARITAL STATUS		SINGLE				MARRIED				DIVORCED															

## ADDRESS DETAILS

[illegible]

## CONTACT DETAILS

[illegible]

## DETAILS OF A FAMILY MEMBER

[illegible]

## EMPLOYMENT DETAILS

NAME OF EMPLOYER									CITY/ TOWN REGION	WORK ADDRESS									
DEPARTMENT																			
JOB TITLE																			
EMPLOYEE NO																			
LENGTH OF SERVICE																			
		YEARS						MONTHS											
ARE YOU A FULL CONFIRMED STAFF MEMBER									YES		NO								
GROSS SALARY	K								SALARY FREQUENCY	MONTHLY		WEEKLY		FORTNIGHTLY					
NET SALARY	K																		
SUPERVISOR NAME																			
									SALARY PAY DATE										
									SUPERVISOR TEL:										

## BANKING DETAILS

[illegible]

## SUPPORTING DOCUMENTATION SUBMITTED

COPY OF NRC DOCUMENT	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	ORIGINAL LATEST PAYSリップ	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
LATEST 30 DAY BANK STATEMENT	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					

### RATE SCHEDULE

[illegible]

## DISBURSEMENT METHOD

CASH		MOBILE MONEY		EFT		OTHER		SPECIFY	
------	--	--------------	--	-----	--	-------	--	---------	--

### DECLARATION AND SIGNATURE

I hereby applied for a loan in the amount fully disclosed herein. I confirm that I have studied all the documentation and that I have noted all cost and repayment detail.

DATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> </tr> </table>									CONSULTANT NAME	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> <td style="width: 3.125%; height: 20px;"></td> </tr> </table>																
CLIENT SIGNATURE		CONSULTANT SIGNATURE																									

## PURPOSE OF THE LOAN

EDUCATION		HOUSING		DEBT PAYMENT		FUNERAL		WEDDING		OTHER		SPECIFY	
-----------	--	---------	--	--------------	--	---------	--	---------	--	-------	--	---------	--



Woodgate House  
2<sup>nd</sup> Floor, Suite 210 -213  
Cairo Road  
P.O Box 320046  
Lusaka.  
t: 021 123 2229  
e: info@softkash-zm.com

#### PRODUCT AGREEMENT - SECTION B – GENERAL TERMS AND CONDITIONS

Declaration and authorization by applicant:

The borrower, the applicant, declares and agrees that

- All information provided for purposes of the application is true and correct;
- The borrower has seen the schedule of information in Section A setting out the full details of everything the Borrower has to pay if the loan is granted and they are the same as those that the Borrower was shown before the Borrower signed the Loan Agreement;
- the Borrower understands the terms of the Loan Agreement as explained to him/ her in English;
- the Borrower has read the Loan Agreement or it has been read to him/ her;
- where the installments are deducted from the Borrower's salary the Borrower acknowledges that he/ she may not unilaterally cancel that deduction until the loan has been repaid in full.

The Borrower agrees that by signing this Loan Agreement, the Borrower gives SoftKash permission to:

- Contact anyone to verify that the information which the Borrower has given in Section A is true and correct;
- Obtain details from any party about the Borrower's financial stats and banking details including a credit record and payment history;
- Give information about this loan to any party, including the credit bureau;
- Assign it right title and interest herein to any party or entity nominated by SoftKash;
- Where fraud is committed with this application, to report the details thereof to the Country Police Services or similar organization;
- Forward marketing material and offerings of other products of the SoftKash to the Borrower.

#### DEFINITIONS

In this Loan Application, unless inconsistent with the context:

1. "Borrower" means the applicant reflected on the application and Section A and with whom the lender conclude a Loan Agreement.
2. "Loan Agreement" means this Loan Application as duly completed and all annexure thereto.
3. "Parties" means collectively the Borrower and the Lender and "party" means any one of the, their successions in the title and assigns.
4. "Schedule" means any list, letter, quotation or document, the Parties having agreed is to be annexed to this application and marked as such and schedules shall mean any or all of them.

#### LOAN AGREEMENT

The parties agree that this document is an application for a loan by the Borrower and has no legal effect until SoftKash issues the schedule hereto, confirming that a loan as set out in the schedule has been approved and at which time a binding Loan Agreement will come into effect between the Parties.

#### SCHEDULE

The Parties record that any schedules attached to this application shall form an integral part of the Loan Agreement and are together with the application and together shall constitute the terms and conditions of the Loan Agreement between the Parties and to which the Parties acknowledge and agree to be bound.

#### CONFIDENTIAL AND FINANCIAL INFORMATION

The Borrower understands that SoftKash will use the Borrower's personal information to make a decision as to whether a loan will be granted or whether to change the Borrower's existing facilities. The Borrower therefore understands that the information that the Borrower provided must be true and correct and should not be so the Borrower will be in breach of the Loan Agreement. By signature hereof, the Borrower grants SoftKash permission to contact any person or to access any information available, including that which relates to the Borrowers financial status, the Borrower's credit record and payment history in order to assess the Borrowers application for a loans and confirm the personal detail supplied by him/ her and further to register details of the Borrowers account with a required statutory register and/ or credit bureau.

#### COOLING OFF PERIOD

Once the Agreement comes into effect, the Borrower will have three (3) days within which to cancel the Agreement.

In the event the Borrower canceling this Agreement, the Borrower shall immediately pay back the entire loan to the credit provider.

#### PAYMENT AND APPROVAL

After SoftKash has approved the application for a loan, the loan will be paid into the bank account indicated in Section A. The Borrower hereby agrees that he/ she cannot hold SoftKash responsible for any damage or loss sustained due to SoftKash transferring the loan into the account as indicated. If payment is not received within 72 hours, it is the responsibility of the Borrower to inform SoftKash and upon providing proof of such the Borrower may elect to cancel the Loan Agreement.

#### INTEREST RATE

Interest charged on the loan will be at the fixed rate, calculated and capitalized over the repayment period.

Should the Borrower fail to make a payment on the due date or where SoftKash grants the Borrower an extension for payment, the interest that accrues on the full outstanding amount will be capitalized monthly at the discretion of SoftKash and interest will be changes on the total amount then outstanding at the fixed percentage as referred in Section A.

Should it become necessary for the Lender to institute legal action for the recovery of any amount, SoftKash shall be entitled to claim interest at the fixed percentage as agreed in Section A Continued.



Woodgate House  
2<sup>nd</sup> Floor, Suite 210 -213  
Cairo Road  
P.O Box 320046  
Lusaka.  
t: 021 123 2229  
e: info@softkash-zm.com

#### OVER INDEBTEDNESS

The Borrower confirms that after taking into account the payments that the Borrower will have to make to SoftKash, the Borrower will still be able to meet his/ her financial obligations and that the Borrower will therefore not become over indebted by entering into the commenced Loan Agreement. The Borrower further confirms that there is no process pending to sequester or to go under administration.

#### REPAYMENT

After the loan has been paid into the Borrower bank account the Borrower will according to the Loan Agreement owe SoftKash the full contractual amount as set out in Section A. This must be repaid in equal installments as indicated. Repayments will be allocated firstly to pay legal costs (if any) and thereafter additional/ penalty interest (if any), then the total cost of credit and lastly to reduce the balance of the outstanding amount originally advanced to the Borrower.

The Borrower agrees to repay the loan on the dates and in the amounts as reflected in the concerned schedule and further understands that even if the Borrowers employer must pay over installments to SoftKash or where SoftKash may deduct installments from the Borrowers bank account that it remains the Borrower's duty to ensure that SoftKash receives payments due in accordance with the schedule.

#### EARLY REPAYMENT

Further note that the administration / origination fee is a non-refundable fee and that it will not be proportionately basis upon any settlement.

It is furthermore recorded that an early settlement fee shall be payable and is calculated on the current balance of the loan at date of quote plus interest over 90 days.

#### DEFAULT AND ACCELERATION

SoftKash may, but it is not obliged, to demand immediate payment of the whole outstanding amount in respect of any loan granted if the Borrower commit and breach the Loan Agreement, commit an act of insolvency, made a false representation when applying for any loan or thereafter, or if the Borrower does anything that may prejudice SoftKash rights in the terms of the Loan Agreement. Should SoftKash demand immediate payment of the loan, it will not lose or be limited in any way from exercising any other rights that the law may give it.

If the Borrower fails to make payment on due date or if the SoftKash grants him/ her an extension of payment, interest at the agreed rate for the loan will be charged on the full outstanding amount, which will include all arrear amounts of capital, interest and any administrative charges.

Notwithstanding the foregoing the Borrower will be liable for any and all bank charges incurred by SoftKash and/ or the Borrower, due to non-payment of any debit order, reversed and/ or cancelled cheque and/ or any dishonoured payments due to insufficient funds in the Borrower bank account on the salary due date.

#### CERTIFICATE

The Borrower agrees that any document signed by one of SoftKash managers (who need not prove their appointment) showing the balance outstanding on the loan, will be proof of the balance thereof.

#### ALLOWANCES

The borrower agrees that should SoftKash not take any legal action when they are entitled to do so in accordance with the Loan Agreement, this will not mean that SoftKash has given up its right to take legal action or to exercise any other right or remedy that it may have.

#### JURISDICTION

This agreement is governed by the laws of Country and the Borrower agrees that the courts of Country have exclusive jurisdiction to hear or deal with any dispute that arises in connection with this agreement.

#### CHANGES

The terms and conditions of the Loan Agreement can only be changed if SoftKash and the Borrower consent thereto in writing.

#### LEGAL COSTS

If legal action has to be taken for the recovery of this loan, the Borrower will be liable to pay such cost on an attorney and on client scale, including tracing fees and collection commission.

#### INSURANCE

Is an individual life policy that provides death and permanent disability benefits for the principle life assured. It is a pure risk policy and contains no cash value. SoftKash has a mandate from Metropolitan Life to provide you with this product.

#### MISCELLANEOUS

The Borrower agrees and is aware of the fact that all debit orders shall be done and sanctioned on the salary due date as indicated by the Borrower, in the event that the Borrowers salary due date should change, the Borrower acknowledges that it is the Borrowers responsibility to inform SoftKash of any such change in order to ensure that no additional costs be incurred by the Borrower.

The Borrower agrees that in the event that the Borrowers salary due date falls on Saturday, Sunday and/ or Public Holiday, SoftKash reserves the right to submit the Borrower's debt order to be sanctioned on the following business day directly thereafter. The Borrower acknowledges that he/ she is aware of this fact and that it is sole responsibility of the Borrower to ensure that the required funds are available in such nominated bank account on the Borrower's salary due date.

#### ADDRESS

All notices, documents or letters sent by the Parties concerning the Loan Agreement must be sent to the address of the party to whom it is addressed. For this purpose the Borrower chooses the address supplied to SoftKash in Section A and acknowledges that correspondence can be delivered to SoftKash at address. Either party may change their addresses by written notice to the other.

#### MONTHLY INSTALLMENTS DUE DATES

Where the borrower has agreed that the monthly installment be deducted from the Borrower's salary, the following is applicable:

If the loan is disbursed in time for SoftKash to submit the salary deduction to the Borrowers employer for such deduction in the month of disbursement, the first installment is due on the salary payment due



Woodgate House  
2<sup>nd</sup> Floor, Suite 210 -213  
Cairo Road  
P.O Box 320046  
Lusaka.  
t: 021 123 2229  
e: info@softkash-zm.com

date of that month, or if the loan is disbursed to the Borrower after the employers deadline for SoftKash to submit such deduction for the month, the first installment will be due on the salary payment date of the following month;

Where the Borrower has authorized the deduction for the monthly installment from the bank account, the following is applicable: if the loan is disbursed more than seven (7) days or less from the Borrower's next salary payment date., the first installment will be due on the salary payment date of the month following disbursement, and every salary payment date thereafter until the loan is paid in full.

#### MONTHLY INSTALLMENTS

The Borrower owes SoftKash the total outstanding balance repayable immediately on disbursement of the loan to the Borrower, which must be paid in equal monthly installments, including applicable insurance premiums, as per the loan agreement.

While it is a specific condition of the loan that the Borrower agrees to have a monthly installments deducted from the Borrowers salary and/ or bank account, the Borrower is solely responsible for ensuring that payments are received by SoftKash for its duly appointed intermediary by the due date.

Payments will be used to: offset or settle any legal action and collection costs first; reduce or settle any interest on amears and/ or penalty interest; pay charges, then interest due, and lastly to reduce or settle the balance of outstanding amount.

Should the Borrower fail to pay any monthly installments due, the Borrowers repayment term will be increased to recover any such amount, applicable insurance premiums on the increased term and additional interest as a result of such non-payment.

All payments must be made directly into the bank account nominated in the loan agreement. Payments made by the Borrower in cash/ otherwise to any other account/ person will not constitute payment under the loan agreement.

#### CREDIT PROVIDERS RIGHT TO TERMINATE THE AGREEMENT

Where the borrower is in default, the credit provider may accelerate payment of all outstanding payment due or payable under the

agreement and/ or terminate the agreement. If an event of default occurs the credit provider may commence legal proceedings to enforce this agreement. An event of default will have occurred where: the borrower fails to make payment of any amount payable under this agreement on the due date thereof; the borrower's employment is terminated; the borrower breached any of the provisions of his agreement; the borrower commits any act of insolvency; the borrower dies; the borrower provides incorrect information; or the borrower does anything to prejudice the credit providers rights in the terms of the agreement.

No relaxation or indulgence which the credit provider may show to the borrower shall in a way prejudice or be deemed to be a waiver of its rights and, in particular no acceptance by the credit provider of payment after due date (whether on one or more occasions) nor any other act or omission by the credit provider shall preclude it or stop it from exercising any rights enjoyed by it hereunder by reason of any subsequent payment not being made strictly on due date or by reason of any subsequent breach of the borrower.

Signed

at: \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_

Borrower

Full Name of SoftKash Signatory:


Signature of [SoftKash Rep]:

#### PRODUCT AGREEMENT – SECTION C – DIRECT DEBIT AUTHORISATION

I, (as named in Part A of the Loan Agreement), hereby authorize you the Lender to draw against my bank account (or any other bank or branch which I may transfer my account) in accordance with the bank details as stated in Part A, if the salary deduction implemented on my payroll fails for whatever reason.

1. The monthly instalments (s) due in respect of Part A of the Loan Agreement will be deducted on the (dd) day of each month, commencing in the following month of such unsuccessful deduction.
2. All such withdrawals from my bank account by you shall be treated as though I had signed them personally. I understand that the withdrawals hereby authorised will be processed by computer through a electronic system and I also understand that detail of each withdrawal will be printed on my bank statement or on an accompanying voucher, I agree to pay any bank charges relating to this debit order instruction.
3. Should I be paid week of fortnightly, I agree that the instalment be collected in part on a weekly or fortnightly basis.
4. Should there be insufficient funds in my account, the Bank is entitled to make partial recoveries of whatever balance is available in my account until the full instalment amount has been paid.

Signed at: \_\_\_\_\_ on this: \_\_\_\_\_ day of: \_\_\_\_\_

Borrower



## ACCOUNT DETAILS

Client No.:										Contact No.:									Branch No.:									
-------------	--	--	--	--	--	--	--	--	--	--------------	--	--	--	--	--	--	--	--	-------------	--	--	--	--	--	--	--	--	--

[illegible]

☐ Death      ☐ Permanent Disability

1. Apart from minor ailments I have not received any treatment during the past 12 months, or been hospitalized or undergone hospital treatment or specialist investigation during the past two years, and have never suffered from any form of disability or heart disease, stroke, cancer, kidney disease or HIV/ Aids-related condition.
2. (if you are unable to make this declaration, please provide full detail in the space provided below)

3. My attention has been drawn to the fact that a pre-existing medical condition may invalidate a claim under this policy.
4. Any doctor, other person or institution is authorized before and after my death to disclose any information concerning my health, including the results of any blood test, to the insurer.
5. I understand and accept that my right to privacy may be infringed to the extent permitted by me in this authorization, and I hereby waive such right to that extent.
6. I am not aware of any reason that could result in my retrenchment or redundancy.
7. I am aware that a retrenchment or redundancy claim will not paid as a result of job loss during temporary, contract or part-time employment and does not cover self-employment.
8. I understand that Metropolitan Life reserves the right to defer or decline a claim on any life assured covered by this policy, should the company find any information material to risk provided on the application to be false or incomplete.
9. Should circumstances change so that my answers are no longer valid, this information shall be forwarded to Company, I understand that failure to do so may invalidate cover.
10. I hereby cede, transfer, assign and make over all my right, title and interest in this policy as collateral security for the Finance Agreement with Company.
11. All the information supplied in connection with this policy, whether in my own handwriting or not, is true and complete and will form the basis of the policy.
12. I am aware that Metropolitan Life underwrites the Company.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Member (life insured) \_\_\_\_\_

In return for you paying the premium and acceptance of your proposal by the insurer and you continuing to meet all terms and conditions for cover and the insurer accepts the premium subject to all exceptions of this policy they will pay the benefits as defined.

It is an individual life policy that provides death and permanent disability benefits for the principle life assured. It is a pure risk policy and contains no cash value. Company has a mandate from Metropolitan Life to provide you with this product.

Words appearing in this contract in bold print have specific meanings which are explained below.

- Insurer: Company
- Agreement: The loan agreement with which you have arranged insurance cover under the policy.
- Monthly instalment: The sum you must pay to the finance provided each month in respect of the agreement.
- Period of insurance: The starting and ending date on stated on the proposal form.
- Policy: Credit Protection Policy
- Policyholder: The person who entered into the finance agreement with the finance provider.
- Premium: your monthly premium is payable in advance and must be paid on the first day of every month. If the premium is not received within 15 days of the due date, the policy will automatically be suspended for the month with effect from the first. No cover will be in place for the month. If the premiums are not received for two consecutive months, the policy will automatically be cancelled from midnight of the last day of the month in which a premium was received. The insurer shall not be obliged to accept any premium tendered after this date, but may do so upon such terms as it may determine at its sole discretion.
- Finance provide: Company
- Work/ working: Full-time employment.
- Doctor: a registered medical practitioner. The doctor who confirms your condition when you are making a claim cannot be you, a relative or a close friend.





Woodgate House  
2<sup>nd</sup> Floor, Suite 210 -213  
Cairo Road  
P.O Box 320046  
Lusaka.  
t: 021 123 2229  
e: [info@softkash-zm.com](mailto:info@softkash-zm.com)

- Full-time employment: when you are working for at least 20 hours a week and receiving a salary or wages under a contract of employment that does not have a known or implied finish date.
- Permanent total disability: shall mean such incapacity which renders you incapable from following your own similar occupation, defined as the regular and/ or normal occupation in which you are engaged for remuneration or profit but expanded also to include any occupation for which you are reasonably qualified to be engaged in by qualifications, status, training, working and/ or occupational experience for more than 50% of your normal remuneration or profit. The term permanent total disability shall include where you have suffered the loss of both hands or feet or one hand and one foot, or the sight of both eyes.

## BENEFITS

### Death

If you should die, we will pay the outstanding balance of your agreement at the date the insured event occurred, less any month instalments on arrears or interest thereon.

### Permanent total disability

If during a period of insurance you become disabled for more than 30 consecutive days and as per definition, we will pay:

Permanent Disability – the outstanding balance of your agreement at the date the insured event occurred.

To receive the disability benefit you must:

- Have been in work when your disability occurred
- Be under the continuous care of a doctor for this disability
- Be prevented from working only as a result of this disability
- Provide us any evidence we may ask for in order to prove your claim is valid and continues to be so.

When paying your claim, we will consider the first day of the disability to be the day a doctor certifies you are disabled and unable to attend work.

### Exclusions

We will not pay any benefit if your death or disability arises directly or indirectly from any of the following:

- A self-inflicted injury, suicide or a suicide attempt within 24 months of inception of the policy
- Any condition which arises within 30 days of the start date or was a pre-existing condition for which you have received treatment or advice
- War, riot, radioactive contamination, nuclear accidents and similar risks
- Your participation in a criminal act
- Your participation in a hazardous pursuit
- Under the influence or above the legal limit of alcohol intake or drug abuse
- Refusing medical treatment as recommended by your own medical practitioner or a medical procedure undertaken at your request which is in the opinion of a doctor not necessary to maintain the quality of your life
- Pregnancy, childbirth, the ending of pregnancy or any related complication

## CLAIMS

### BENEFITS PAYABLE

The maximum benefit payable in the event of your death or permanent total disability, under this policy, together with any other policy issued by the insurer is XXXX.

Upon the happening of any event giving rise to claim in terms of the policy, all rights will be ceded to the finance provide and all benefits will be credited to your agreement.

### NOTIFICATION

All claims must be notified as soon as possible and no later than 120 days after the insured event, by contacting the scheme administrators on email- [claims@xxxxx.com](mailto:claims@xxxxx.com) or by writing to them at:

A claim form will be sent to you. You must return it to the administrator within 90 days of receipt. Please ensure that all sections of the claim are fully completed and any relevant documents are enclosed and sent to us. Should you need any help in completing your claim form please contact us. The insured shall be notified in writing of the rejection of any claim and any legal representations to the Administrators should be done within 90 (ninety) days of the date of notification letter of rejection. After 90 (ninety) days all compensation under this policy in respect of such a claim shall be forfeited.

### SETTLING A CLAIM

We will need a proof of your death or permanent total disability and the circumstances leading to your claim.

A death claim must be notified in writing, and we will need to see a certified copy of your death certificate and a certified copy of your ID Card.

If you are claiming for permanent total disability, we will require a doctor's certificate confirming your condition. We may ask you to go for a medical examination with a doctor appointed by us. We will pay the cost of the examination.

### GENERAL

If you do not keep to the terms and conditions of the policy, you will not be entitled to any benefit under the policy.

If you gave false or misleading information when you applied for cover under the policy or give false misleading information when you make a claim, your cover under the policy will end and we will not pay any benefits. If any benefit is paid as a result of your false claim, you will have to repay any benefit you have received and we will take legal action against you.

We have the right to change or cancel your insurance cover under the policy. You will be told at least 30 days before the change or cancellation takes effect. Should you wish to cancel your cover under the policy, please do so in writing with one calendar months' notice.

You also acknowledge that the information provided by you may be verified against other legitimate sources or databases. You also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning you.

The laws of Country govern this policy.





## SERIAL NUMBER .....

NOTE: please pay SoftKash Financial Services Direct Debit (s) from the account detailed in this Mandate subject to the safeguards assured by the Direct Debit guarantee. I understand that this Mandate may remain with SoftKash and, if so details shall be passed electronically to my Bank.

[illegible][illegible]

Contact:.....

Postal	Address	Physical
.....	.....	.....

.....  
 ..... Email address .....

<input type="checkbox"/>	First Capital Bank	<input type="checkbox"/>	Indo Zambia	<input type="checkbox"/>	Intermarket	<input type="checkbox"/>	Investrust	<input type="checkbox"/>	Stanbic	<input type="checkbox"/>	Stanchart	<input type="checkbox"/>	Fianance
<input type="checkbox"/>	First Alliance	<input type="checkbox"/>	Access Bank	<input type="checkbox"/>	Eco Bank	<input type="checkbox"/>	UBA	<input type="checkbox"/>	BancABC	<input type="checkbox"/>	Citibank	<input type="checkbox"/>	Bank
<input type="checkbox"/>	FNB	<input type="checkbox"/>	Bank of China	<input type="checkbox"/>	Barclays	<input type="checkbox"/>	BOZ	<input type="checkbox"/>	Cavmont	<input type="checkbox"/>	Zanaco	<input type="checkbox"/>	Bank

Address of the Bank: .....

Postal Code (if Known).....

[illegible][illegible]

Please attach evidence of the correct identity of your bank account. By signing this form you give authority to your bank to debit your account and pay SoftKash installments through Bank on the ..... day of each month.

Amount to be debited	K

Contact Person: .....

- This Guarantee is offered by all banks that take part in the DDACC system. The efficiency and security of the Direct Debit is monitored and protected by your own bank.
- If the amount to be paid or the payment dates change SoftKash will notify your 14 (fourteen) working days in advance of your account being debited or as otherwise agreed.
- If any error is made by SoftKash or your bank, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to SoftKash. Please send a copy of your letter to your bank.