



# Vulindlela Savings & Credit Co-operative Society Ltd.

P.O Box 376

Mbabane

Tel:404-2876

## LONG-TERM APPLICATION FORM

P/b No \_\_\_\_\_

Savings Bal. \_\_\_\_\_

Loan Bal \_\_\_\_\_

### PARTICULARS

Name \_\_\_\_\_ ID No \_\_\_\_\_

Postal Address \_\_\_\_\_

Residential Address \_\_\_\_\_

Contact Numbers work \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Employer \_\_\_\_\_

Number of Dependents \_\_\_\_\_

Gross Salary E \_\_\_\_\_ per month. Net Salary \_\_\_\_\_ per month

Other Income \_\_\_\_\_ per month. Source \_\_\_\_\_

I hereby apply for a loan of E \_\_\_\_\_ for a period of \_\_\_\_\_ month/years

To be repaid in addition to my present loan of E \_\_\_\_\_ instalment of \_\_\_\_\_

Per month plus interest. The instalment to fall due on the \_\_\_\_\_

Purpose of Loan \_\_\_\_\_

Surety/Co-maker offered \_\_\_\_\_ valued at E \_\_\_\_\_

Do you have any loan in other organization, individual or other types of cooperative?

\_\_\_\_\_ if yes with whom and how

Much \_\_\_\_\_

### LOAN AGREEMENT & DEDUCTION AUTHORITY

I hereby certify that all information given above is true & complete, I promise to abide by the terms of this agreement, I also understand that a search of this agreement may lead in legal action. I hereby authorize the balance to be deducted from my monthly salary & savings owned by me in the society.

Signature of Borrower \_\_\_\_\_ Date \_\_\_\_\_

For the Credit of loan (Details below)

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account number \_\_\_\_\_