



Vulindlela Savings & Credit Co-operative Society Ltd.

P.O Box 376

Mbabane

Tel:404-2876

EMERGENCY LOAN APPLICATION

Pb/ No _____ Savings Bal _____ Loan bal _____
Name _____ ID NO _____
Postal Address _____
Contacts Numbers Work _____ Cell _____ Home _____
Number of dependents _____
Gross salary E _____ per month. Net salary _____ per month
I hereby apply for a loan of E _____ For a period _____ month
The installment to fall due on the _____ Installment _____
Purpose of loan _____

LOAN AGREEMENT

I hereby certify that all the information given above is true and complete, I promise to abide by the terms of this agreement.

Signature of Borrower _____ Date _____

For the Credit of loan (Details below)

Name of Bank _____ Branch _____
Account number _____

FOR CREDIT COMMITTEE USE(Approval Form)

Loan Approved a) as submitted _____ P/B _____
b) On the following conditions _____

Loan rejected for the following reasons: _____

Any other comments: _____

Signed by: Chairperson _____ Date _____

Secretary _____ Date _____

CC. Member _____ Date _____

For Office Use Only

CPV No _____ Cheque No _____

Processed By: Name _____

Signature- _____ Date _____