

## PHONE: +265 884 41 68 17/ +265 884 997 550 E-MAIL: info@pclgroupsacco.com LOAN APPLICATION FORM:

### **Personal Information**

Surname:	First Name:	First Name:		
Company:	Section/Shop:	Section/Shop:		
Phone Number:	Book Number:	Payroll Number:		
Date of Employment:				
Bank Details:	Name of Bank:	Account number:		
Loan Type and Purpose	I			
	LOAN INFORMATIO	N		
Loan Amount:	Cost of Borrowing:	Total Amount to be Repaid:		
Payment Mode:	Payment (Installment)	Issue Date:		
<b>.</b>	Amount:			
Terms (Months):	Security:	_		
Promise to Pay				
0 0	to lend you the principle Sum sho us this Promissory Note and pro			
	t as set out in the payment schedul			
o .	2 0	•		
	vely called the (indebtedness). Wh	_		
	s, this Promissory Note will come	O		
·	derstood the terms stated. You ac	knowledge receiving a		
completed copy of this Pro	missory Note.			
Borrowers Signature:	Witness:	Date:		
•••••				



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Loan Amount Applied:	Loan Amount Approved:	Date of Approval:
Reason for Denial or Partial Appro	oval:	
Credit Committee Signature 1:		
Credit Committee Signature 2:		
Credit Committee Signature 3:		
Credit Committee Signature 3:		



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#### INDIVIDUAL LOAN CONTRACT

:	:			
Phone Number				
LETTER OF OFFER : MK				
We refer to your application for a <b>PCL GROUP SACCO</b> loan (of MK)				
1. Loan amount : MK				
2. Duration :				
Effective from: To:				
3. Cycle Number# :				
4. Repayment : Interest MK per month for months  Total instalment MK per month for  months	• • • • • • •			
5. Interest Rate : 36 percent per annum payable in months With effect <b>from</b> to				
6. Loan Processing Fees: Percent of the principal sum and form fee of MK 300.00 andpercent insurance Fees.				

7. The loan is repayable on demand at the request of **PCL GROUP SACCO LIMITED** 



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- 8. All sums payable by the Borrower under this Loan Contract shall be paid in full without any set-off or counter claim and free and clear of and without any deduction or withholding whatsoever.
- 9. The loan is to be used strictly for the purpose applied for and mentioned on the loan form. In the event of the loan being used for other purposes **PCL GROUP SACCO** will demand immediate repayment of the loan and interest penalties at its discretion.
- 10. The item purchased from the proceeds of this loan becomes security for the loan and may be subject for seizure in case of default in payment to offset any losses whatsoever to **PCL GROUP SACCO** resulting directly from this Loan Contract.
- 11. In case of default in breach of the terms of this Loan Contract, the entire balance of the loan including interest due on the loan shall immediately become due and payable on demand at the option of **PCL GROUP SACCO**. And the Sacco shall charge penalty interest on the defaulted amount at 5 percent above Sacco's lending rate from the date payment was due. **PCL GROUP SACCO** shall be entitled to offset the loan balance inclusive of interest charged plus penalties herein against the Loan Collateral and the Shares offered as security of the Loan.
- 12. The borrower agrees to pay all costs incurred by **PCL GROUP SACCO** as a result of the Borrower's failure to comply with any provision of this Loan Contract including tracing costs and legal costs as between attorney and own client, including legal practitioner's collection fees, debt collection commissions, costs of sale, selling commissions and all charges of a like nature shall be recovered from the Borrower.
- 13. **PCL GROUP SACCO** retains the right to alter or amend the terms and conditions of this loan contract whenever deemed appropriate.

Timely sign wife send as the	and the contract of the contra
SIGNED:	
<b>General Manager</b>	

Kindly sign and send us the attached copy of this Loan Contract

For and on behalf of PCL GROUP SACCO Limited



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#### LOAN APPROVED/RATIFIED BY CREDIT COMMITTEE

	Name	Signature	Date
1.			
2.			
3.			
	lersigned hereby confirm that i und litions in this loan contract.	erstand and that i wilf	fully agree with the terms
Name :			
Signature	÷:		
Address			
		D. 4	
•••		Date	
WITNES	SS (FULLNAME)	SIGNATURE	
•••••			
PHYSIC	AL ADDRESS		
CONTA	CT NUMBER		