C/O High Court of Malawi, P.O. BOX 30244, Blantyre
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helpdesk@chilungamosacco.com |www.chilungamosacco.com

SUPER SAVERS LOAN APPLICATION AND AGREEMENT FORM

TERMS AND CONDITIONS

1. The applicant MUST be a member of Chilungamo Sacco Malawi Limited.
2. All the applicants MUST attach their latest two pay slips and a copy of their ID/Passport/Driving License/residential signed letter/ Business registration letter/ Tilte deed.
3. Applicant Must provide collateral materials, business operation for at least 1 year.
4. 3% interest rate.
5. Loan is 12 months payable.

PART A: APPLICANTS PERSONAL INFORMATION

Full Name ID/ Passport/Driving License No: _____

Payroll Number Age: _____

Address(s)_____ Mobile No: _____

Tax TPIN Sacco No: _____

Email address Sex: Male ☐ Female ☐

Current Residence ~~House Ownership: Owned~~ ☐ ~~Rented~~ ☐

Occupation Details:

Employer Station/Branch

Job title ~~Basic Salary~~

PART B: LOAN INFORMATION/PARTICULARS (Tick the appropriate box)

Purpose of the Loan: Business ☐ Asset Financing ☐ Land/housing ☐ Education ☐ Agriculture

Others (specify) _____

Loan Amount ☐

Payment Methods: Monthly ☐ Quarterly ☐ Annually ☐ In-Full ☐

Payment(instalment) Amount ☐

Cost of Borrowing ☐ Terms ☐

Maturity Date (day of last payment) ☐

Interest Rate (%) ☐ Issue Date ☐

Number of Outstanding Loans: **YES** ☐ **NO** ☐

If 'yes' please specify loan type and amount in Figure in table below;

PART C. COLLATERAL /BUSINESS DETAILS

Name/ Type: _____ Registration No: _____ License No: _____

Type / Nature _____ No. of Years: _____ TPIN: _____

Postal Address: _____ Physical Address: _____

Email Address: _____ Tell: _____

PART D: SKETCH DIRECTION OF THE LOCATION OF RESIDENCE/ BUSINESS BELOW

PART E: BANK ACCOUNT DETAILS AND LIABILITY DISCLAIMER

DISCLAIMER

Chilungamo SACCO will not be held liable for any payments made to incorrect account numbers.

ACCOUNT DETAILS

Bank: _____ Branch: _____

Account Number: _____

DECLARATION

☐ I hereby agree that Chilungamo SACCO will not be held liable for any payments made to incorrect account number(S) provided by me.

PART F: DECLARATION

I confirm that the above information given by me/us is the true and factual position of my/our business, I authorize the SACCO to obtain any information from ourselves and/or third parties to verify the information provided herein;

Name _____ Applicants Signature _____ Date _____

OFFICIAL USE ONLY (Credit Committee)

Loan Amount (MWK) _____

Loan Amount Approved (MWK) _____

Date of Approved _____

Reason for Denial or partial Approval _____

Credit Manager

Recommendations: _____

Credit Committee 1 PILIRANI CHIMUKHO

Signature _____ Date _____

Credit Committee 2 ALBERT PHIKANI

Signature _____ Date _____

Credit Committee 3 JAMISON CHAKUMA

Signature _____ Date _____

Official Stamp