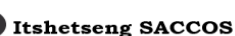




FAX: 5301579



OFFICIAL USE ONLY

Loan Appraisal

Savings Balance P: _____ Amount Qualified for P _____

Rate of Interest P: _____ Duration _____

Monthly Installment P: _____ Interest Charged P _____

Interest plus interest P: _____

Recommendation: _____	_____	_____
Names(Staff member)	Signature	Date

Approval

Approved/Disapproved by:

(Senior Staff) Signature _____ Date: _____

Reason for Disapproval (if any) _____

Payment Approval (Management board authorized Signatories)(Any 2)

1. _____ Signature _____ Date: _____
(Names)

2. _____ Signature _____ Date: _____
(Names)

3. _____ Signature _____ Date: _____
(Names)

4. _____ Signature _____ Date: _____
(Names)

ACKNOWLEDGEMENT OF DEBT

MEMBER'S NAME: _____ OMANG: _____

MEMBERSHIP NO: _____ LOAN AMOUNT: P _____ Interest: P _____ Duration P _____

Please note that you will be obliged to pay an installment plus interest of P _____ on _____ (on the same day of each month) until the final settlement. In case you are to resign from the Public Service, the balance will become immediately due and payable on demand. The statement of demand signed by the Board Chairperson or any other authorized official showing any sum due to Itshetseng Savings and Credit Cooperative Society Ltd under this condition shall be conclusive evidence that such loan is in fact due and owing.

I _____ acknowledge receipt of P _____ (plus interest) as a loan amount agree to all other requirement stipulated in this agreement and the loan policy.

Signed: _____ Date: _____
(Borrower)