

For Queries/feedback

- ◆ Call Customer Care Line 0211292995/89.
- ◆ If not resolved, call Customer Relations Manager 0763055292/0975423338.
- ◆ If still not resolved, call General Manager 0763055341.



Attach the following:

- ◆ Latest Copy of Pay slip.
 - ◆ Salary Adjustment Letter (if applicable).
 - ◆ Copy of Valid Contract of Employment.
 - ◆ Organization Clearance Form.
 - ◆ Copy of NRC or Valid ID.
 - ◆ Proforma Invoice (for Commodity Loan).
- ◆ Copy of Mandate Form.
 - ◆ Bank Statement.
 - ◆ ZRA Tax Clearance.
 - ◆ Cash-flow projection (In Business).

LOAN APPLICATION FORM

A. TERMS AND CONDITIONS

1. A Member is eligible for an Emergency loan after saving with the CareCoop for One (1) month.
2. A Member is eligible to access full loan benefits from CareCoop after saving for at least Three (3) months or within their savings for the first Three (3) months.
3. Deductions shall be effected within Thirty (30) days of the loan being granted.
4. Loan Repayment Period cannot exceed end of contract date.
5. This loan cannot be granted if net pay is less than 20% of applicants' income after Tax & NAPSA, but not less than K500.00 after deductions- which ever one is higher.
6. Unpaid loan balances shall be deducted from the Member's savings with full interest.
7. Members applying for Land, CareCoop Land as well as Building Loans will have to provide Title Deed as security & CareCoop interest shall be noted, with all security perfection costs borne by the Member/Applicant.
8. Security provided for Building and Non CareCoop Land Loans shall require valuation by a CareCoop approved Evaluator, with costs borne by the Member/Applicant.
9. A Member must have a minimum of 20% in savings calculated on the total outstanding loan balances including the new amount applied for except for Emergency and Share Purchase loans.
10. A Member who has missed any monthly repayments on a running loan will have to clear all outstanding arrears and make consistent repayments for at least 3 months before being allowed to access a new loan.
11. Only Members from Member Organisations that have gratuity schemes with CareCoop shall be eligible to use their earned gratuity that has been received by CareCoop as security against their loan(s).
12. CareCoop reserves the right to approve or reject any Member loan application.

B. PERSONAL INFORMATION: (to be filled by the loan applicant)

Member's Name:	Physical Address:
NRC or Valid ID No.:	Postal Address:
Membership No.:	Member's Organization:
Contact Telephone No.:	Length of Membership:
Email Address:	Alternative Email Address (Personal):

C. LOAN LIST/PRICE GUIDE (Member to select type of loan)

TYPE OF LOAN	MAXIMUM LOAN AMOUNT	MONTHLY INTEREST RATE	INSURANCE	MAXIMUM LOAN TENURE	TICK
1. Premium	Twice member savings	2.0%	1%	18 Months	
2. Ordinary	Twice member savings	1.0%	1%	36 Months	
3. Rental Plus	Three times basic pay	1.5%	1%	12 Months	
4. Education	ZMW30,000	1.5%	1%	8 Months	
5. Emergency	ZMW15,000	1.0%	1%	4 Months	
6. Family Holiday	ZMW20,000	1.25%	1%	8 Months	
7. Commodity	ZMW250,000	1.25%	1%	36 Months	
8. Building	ZMW300,000	1.0%	1%	36 Months	
9. Land Purchase	ZMW250,000	1.0%	1%	36 Months	
10. Care Coop Land	Care Coop market value	1.0%	1%	36 Months	
11. Vehicle	ZMW250,000	1.25%	1%	36 Months	
12. Vehicle Insurance	5% of motor vehicle price	1.0%	1%	12 Months	
13. Share Financing	Care Coop share value	1.0%	1%	12 Months	
14. Home Improvement	ZMW20,000	1.0%	1%	8 Months	
15. Water Solution	ZMW20,000	0.0%	1%	12 Months	
16. Consolidation Product	Total loans consolidated	1.5%	1%	36 Months	
17. Insurance Premium	ZMW50,000	1.0%	1%	12 Months	

D. LOAN APPLICATION: (to be filled by the loan applicant)

Loan Amount Applied: ZMW _____	Amount in Words: Kwacha _____
Period of Repayment: (Months) _____	Purpose of the Loan: _____

E. HUMAN RESOURCES/PAYROLL ACCOUNTANT (where applicable)

Terminal Benefits accrued to date: ZMW _____

HR Manager/ PR Accountant (Sign) Date

F. DECLARATION BY APPLICANT:

I..... do declare that the information given above is true and correct to the best of my knowledge. I also declare that I will abide by the terms and conditions of this loan and that I will honour my obligations as spelled out in this form and failure to which CareCoop will have the right to take necessary measures in order to recover the outstanding loan amount. I hereby authorise monthly principal and interest deductions to be made from my salary/Bank Account (as per DDACC Mandate submitted to CareCoop - for General Members) as repayment for this loan. My payroll/Bank Account deductions will also include my monthly savings contribution as per mandate already given to Care Coop by myself.

Approved amount to be paid to member by: <small>(Tick where applicable)</small>	Cheque: (ZMW10.00 fee will apply, maximum limit of K25,000.00 per leaf)	<input type="checkbox"/>
	Bank Transfer: (ZMW55.00 fee will apply)	<input type="checkbox"/>

Bank Account Details

Bank Name:	Bank Branch:
Account Holder Full Name:	Account No.:

Signature

Date

G. OFFICIAL USE ONLY

CREDIT REVIEW

Amount Approved: ZMW:	Period of Repayment: (Months)
Monthly Principal Deduction: ZMW	Monthly Interest Deduction ZMW
Total Care Coop Deduction: ZMW	Length of Membership:

H. CURRENT OUTSTANDING LOANS

Loan Type	Loan Amount (ZMW)	Balance (ZMW)	Monthly Repayment (ZMW)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			

I. SECURITY

Total Savings: ZMW	Savings to Total Loan Balance (%)	
_____	_____	
Name _____	Signature _____	Date _____

J. REVIEWED BY:

_____	_____	_____
Name _____	Signature _____	Date _____

APPROVAL (PART A)

_____	_____	_____
Name _____	Signature _____	Date _____

APPROVAL (PART B)

1	Name _____	Signature _____	Date _____
2	Name _____	Signature _____	Date _____
3	Name _____	Signature _____	Date _____
4	Name _____	Signature _____	Date _____
5	Name _____	Signature _____	Date _____
6	Name _____	Signature _____	Date _____