

CARE COOPERATIVE SOCIETY



LOAN APPLICATION CLEARANCE FORM

Member Name: \_\_\_\_\_

Employee number: \_\_\_\_\_

Length of membership with Care Cooperative \_\_\_\_\_

Employment Contract status(Reimaing life of Contract ) \_\_\_\_\_

Membership number: \_\_\_\_\_

Organisation name & Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Loan Amount being applied for \_\_\_\_\_

Payment Period \_\_\_\_\_

Member Organisation

HR/ACCOUNTS DEPARTMENT

Name of HR/Accounts Officer \_\_\_\_\_

OUTSTANDING LOANS

Employee's Outsanding Loans with Care Coop \_\_\_\_\_

Any other loans with the employer \_\_\_\_\_

COMMENTS \_\_\_\_\_

HR/Accounts Officer's Signature \_\_\_\_\_

Email Address \_\_\_\_\_

Contact numbers: Telephone \_\_\_\_\_

Cell phone (s) \_\_\_\_\_

**NOTE:** This application form is for the purpose of providing more details and decision making for both Care Coop and the Member Organisation.

This form should be filled in and attached to loan applications forms to be logged in at Care cooperative