For Queries/Feedback

- Call Helpdesk **+260630372020**
- If not resolved, call Head Business Development **0776447566/0764322869**
- If still not resolved, call Chief Executive Officer **0763055341**

LOAN APPLICATION FORM

Attach the following:

- Latest Copy of Payslip
- Salary Adjustment Letter (If applicable)
- Copy of Valid Contract of Employment or GRZ Appointment Letter
- Organization Clearance Form or Employer Loan Confirmation Letter
- Certified Copy of NRC or Valid ID

For General Members attach the following:

- Copy of Mandate Form
- 6 Months Bank Statement (General Member/Public Service)
- ZRA TAX Clearance
- Cash-flow projection (in Business)

A. TERMS AND CONDITIONS

1. 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 with the exception of the emergency loan which will be accessed after one (1) month of contributing.
2. Loans obtained from the first of the month to the 9th are expected to have their first repayment made by the 30th of the same month while loans obtained from the 10th of the month going forward will have their first repayments expected to be made by the 30th of the following month.
3. Loan Repayment Period cannot exceed end of contract date.
4. This loan cannot be granted if net pay is less than 20% of applicants' income after Tax & NAPSA, but not less than ZMW 500.00 after deductions- which ever one is higher.
5. Unpaid loan balances shall be deducted from the Member's savings with full interest.
6. Members applying for Land, CareCoop Land as well as Building Loans will have to provide Title Deed as security & CareCoop interest shall be noted. Savings and gratuity earned and kept at CareCoop may be used as security for these loans.
7. Security provided for Building and Non CareCoop Land Loans shall require valuation by a CareCoop approved Evaluator, with costs borne by the Member/Applicant.
8. 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.
9. A Member who has missed any monthly repayments on a running loan or savings contribution will have to clear all outstanding loan arrears and make consistent repayments and/or contributions for at least 3 months for members under payroll and 6 months for General members before being allowed to access a new loan.
10. 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).
11. CareCoop reserves the right to approve or reject any Member loan application.
12. Ordinary Loans should be fully secured; 50% by accrued gratuity kept at CareCoop and 50% by accumulated savings, or 100% savings.
13. Members are expected to bear the full cost and responsibility of discharging CareCoop encumbrances with appropriate authorities once the loan for which the collateral was obtained is fully settled and collateral documents officially released to the member.

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:	Employee Number:
Email Address (Personal):	Length of Membership:

C. LOAN LIST/PRICE GUIDE (MEMBER TO SELECT TYPE OF LOAN)

TYPE OF LOAN	TICK	MAXIMUM LOAN AMOUNT	MONTHLY INTEREST RATE	MAXIMUM LOAN TENURE	INSURANCE	PAYMENT METHOD
1. Building		ZMW 500,000	1.5%	36 Months	1%	Cash payout to member
2. Commodity		ZMW 300,000	2.0%	36 Months	1%	Cash payout to member
3. Consolidation		Total Loans Consolidated	2.5%	36 Months	1%	No cash payout
4. Development		ZMW 500,000	1.8%	36 Months	1%	Payout to listed vendor based on quotation
5. Education		ZMW 60,000	1.8%	18 Months	1%	Cash payout to member
6. Emergency		ZMW 20,000	2.5%	6 Months	1%	Cash payout to member
7. Flexy		ZMW 200,000	2.25%	24 Months	1%	Cash payout to member
8. Gadget Financing		ZMW 30,000	1.9%	12 Months	1%	Payout to listed vendor based on quotation
9. Insurance Premium		Quotation Amount	2.25%	12 Months	1%	Payout to listed vendor based on quotation
10. Land Purchase		ZMW 500,000	1.2%	36 Months	1%	Payout to listed vendor or Cash payout to member
11. Ordinary		50% Savings + 50% Gratuity/100% Savings	1.5%	36 Months	1%	Cash payout to member
12. Share Financing		Value of CareCoop Shares Financed	3.0%	12 Months	1%	No cash payout
13. Utility		ZMW 100,000	1.9%	18 Months	1%	Payout to listed vendor based on quotation
14. Vehicle		ZMW 250,000	1.8%	24 Months	1%	Payout to listed vendor based on quotation

D. LOAN APPLICATION: (TO BE FILLED BY THE LOAN APPLICANT)

Loan Amount Applied: ZMW	Amount in Words:
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 give n 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 spelt out in this form and failure to which CareCoop will have the right to take nec essary measures including the use of my gratuity and legal means at my expense in order to recover the outstanding loan amount. I hereby authorise monthly principal and interest deductions to be made from my salary/B ank 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: *(Tick where appropriate)*		
	Cheque: (ZMW 10.00 fee will apply, maximum limit of ZMW 25,000.00 per leaf)	☐
	Bank Transfer: (ZMW 55.00 fee will apply)	☐
	Mobile Money: (Maximum amount of ZMW 20,000)	☐

Bank Account Details

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

Mobile Money

Mobile Money Number:	Full Name on Mobile Money:

_____ Signature

_____ Date