

**For Queries/Feedback**

- ◆ Call Customer Care Line 0971425310 / 0961425310
- ◆ If not resolved, call Head Business Development 0776447566/0764322869
- ◆ If still not resolved, call Chief Executive Officer 0763055341



**Attach the following for Members In Formal Employment :**

- ◆ Latest Copy of Payslip
- ◆ Salary Adjustment Letter (If applicable)
- ◆ Copy of Valid Contract of Employment
- ◆ Organization Clearance Form
- ◆ Copy of NRC or Valid ID
- ◆ Signed Guarantor Form
- ◆ Signed DDAC Mandate Form

**For Members in Business attach the following:**

- ◆ Signed DDAC Mandate Form
- ◆ 6 Months Bank Statement
- ◆ ZRA TAX Clearance
- ◆ Cash-flow projection (in Business)
- ◆ Copy of NRC or Valid ID
- ◆ Signed Guarantor Form

## SECONDARY MEMBER LOAN APPLICATION FORM

**A. TERMS AND CONDITIONS**

1. 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.
2. Loan Repayment Period cannot exceed end of contract date.
3. 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.
4. Unpaid loan balances shall be deducted from the Member's or Guarantor(s)' savings with full accrued interest.
5. Member must have a minimum of 100% in savings calculated on the total outstanding loan balances including the new amount applied for except for Share Purchase loans.
6. 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 6 months before being allowed to access a new loan.
7. CareCoop reserves the right to approve or reject any Member loan application.
8. Ordinary Loans should be fully secured by the applicant savings and/or Guarantor(s)' savings. Note that you can have more than 1 (one) guarantor to secure your loan.

**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 (Personal):	Alternative Email Address:

**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. Ordinary	<input type="checkbox"/>	Full Savings cover guaranteed by Applicant or Guarantor	1.2%	36 Months	1%	Cash payout to member
2. Share Financing	<input type="checkbox"/>	Value of CareCoop Shares Financed	2.0%	12 Months	1%	No cash payout

**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 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 spelt out in this form and failure to which CareCoop will have the right to take necessary 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/Bank Account (as per DDACC Mandate submitted to CareCoop) 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: <i>(Tick where appropriate)</i>	<b>Cheque:</b> (ZMW 10.00 fee will apply, maximum limit of ZMW 25,000.00 per leaf)	<input type="checkbox"/>
	<b>Bank Transfer:</b> (ZMW 55.00 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**

Member Name:

Member Number:

Amount Approved (ZMW):

Period of Repayment (Months):

Monthly Principal Deduction (ZMW):

Monthly Interest Deduction (ZMW):

Total CareCoop Deduction (ZMW):

Approved Loan Type:

Member KYC Up to Date

Member Under Correct Posting Group

**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 (%)

Comments:

\_\_\_\_\_  
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