



PSMFC CASH LOAN APPLICATION AND AGREEMENT FORM

(All spaces in Parts 1 to 5 are mandatory and must be filled)

For Official Use Only					
Customer Number		Reference Nun	nber	Account Number	
PART 1: Applic	ant Details				
Dr/Prof/Mr/Mrs/I	Miss Surname		Middle Name	First Na	me
Date of Birth	DD/MM/YYYY	NRC NO.		Year of Retirement	DD/MM/YYYY
Office Telephone	No	Email		Mobile Phone No.	
Bank		Branch		Account No	
Years in Employ	nent			Employee No	
Physical Address					
Postal Address					
Town			Pı	rovince	
PART 2 : Emp	loyment Details				
Job Title					
Ministry					
Physical Addres	ss				
Postal Address (Station)					
Town				Province	_
Gross Salary (I	ζ)		Current N	et Salary (K)	
Please Tick wh	ere Appropriate:				
Permanent Emp	oloyment C	Contract Employmen	nt If	on Contract, state expiry date	
PART 3 : Loan	Information				
Loan Product . (Tick one ONL			2: Short Term lash Solution		
Amount Applie	d (K)			Tenure of Loan (Months)	
Purpose of Loa	ın				

PART 4

Next of Kin Information Surname First Name Physical Address Postal Address Town Province Country Telephone Email

PART 5

DISCLOSURE, CONSENT ANI	O AUTHORISATION BY A	APPLICANT
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By appending my signature hereunder, I, _______(Full Names) declare and agree that:

- 1. Public Service Micro Finance Company (PSMFC) may make enquiries from any Bank, Financial Institution or approved Credit Reference Agency in Zambia to confirm any information I have provided when considering this application.
- 2. PSMFC may disclose information about me to any person in connection with an actual or proposed contract which relates to this agreement, this includes disclosing information under the terms of such contract and this includes the assignment and/or transfer of all or part of the company's rights under this agreement.
- 3. In the event of any default in repayment, unless the amount in default is fully repaid before the expiry of sixty (60) days from the date such default occurred, PSMFC shall be at liberty to notify the Credit Reference Agency and the borrower shall be liable to have the account data retained by the Credit Reference Agency until the expiry of seven (7) years from the date of final settlement of the amount in default. However, PSMFC retains its rights to enforce payment of the unpaid loan amount, together with the accrued interest. For the purpose of this Clause and any Party that may be appointed by PSMFC to collect its debts, I waive the confidentiality requirements of the Banking and Financial Services (Microfinance) Regulations, 2006 or amended from time to time.
- 4. Upon termination of the account by full repayment and on condition that there has not been, within seven (7) years immediately before account termination, any material default on the account, the borrower will have the right to instruct PSMFC, and PSMFC shall oblige, to make a request to the Credit Reference Agency to delete from its data any account data detailing to the termination account.
- 5. You are free to be informed, upon request about which items of data are routinely so disclosed and to be provided with further information to enable the making of a data access and correction request to the relevant Credit Reference Agency or Debt Collection Agency.
- 6. I make an irrevocable personal undertaking to pay the balance of the loan together with accrued interest in the event of being terminated from my employer's payroll on account of my resignation, dismissal or other event not covered by insurance;
- 7. PSMFC reserves the right to loan an amount lower than the amount applied for at Part 3 of this Application Form; and to effect deductions commensurate to the amount loaned and tenure.
- 8. By drawing funds credited to my bank account number indicated at Part1 of this Loan Application and Agreement Form by PSMFC or by my failure to notify PSMFC (either directly or through its partner bank) of my lack of interest in accessing this loan within 72 hours of the same being credited to my bank account, being the approved and disbursed loan amount, I indicate acceptance of all Terms and Conditions of this Facility, including:
 - a. That the applicable interest rate at the time of approval shall be applied and amortised over the term of the loan;
 - b. That all costs such as insurance, Credit Reference Bureau fees, arrangement fees and other costs incidental hereto may be passed on to me at PSMFC discretion;
 - c. That the first instalment shall be due on the pay day immediately following the disbursement of loan, and every pay day thereafter until full settlement of the loan with accrued interest;

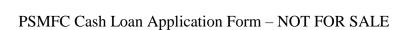
- d. That this Application Form becomes a binding Contract when PSMFC approves and pays out the loan to my Bank Account indicated at Part 1 of the Application Form; and shall be governed and construed in accordance with the Laws of Zambia;
- e. That early payment of loan with accrued interest shall **NOT** attract any penalties;
- f. That in accordance with banking practice, this loan with accrued interest is payable on demand;
- g. That the approved amount, tenure of the loan and the monthly repayment amount shall be communicated to me via registered mail to the address at Part 1 of this Application Form; and that PSMFC shall be deemed to have discharged this obligation under this Clause by delivery to the Zambia Postal Services Corporation (ZAMPOST) or its successors and paying for delivery of mail.
- 9. In pursuance of the conditions under which this loan was granted, I hereby irrevocably authorise PSMFC, acting on its own or through its agents, to communicate my obligation to pay to my employer, and authorise my employer to deduct such amount as indicated by PSMFC from my salary and remit the amount so deducted to PSMFC until the loan amount with accrued interest is fully paid; In case of unforeseen incidents, other than those Clause 6, that may disrupt loan recoveries through payroll deductions, I hereby authorise my employer to make recoveries from my terminal benefits and/or gratuity.

I (Full name) hereby certify that the information contained in this Loa	an Application is true and
correct and I have the capacity to repay the Loan. I understand that this Loan Application may be rejected at any stag contained herein be found to be incorrect.	
Applicants Signature Date	
EMPLOYER COMMENTS AND CONSENT	
We confirm thatis an employee of	
and confirm having assessed the applicant and recommend him/her for a loan of K	We further
confirm that the applicant's net pay will be above the 40% threshold after this loan recovery is effected.	
The organization will deduct repayments through payroll and pay Public Service Micro Finance Company on a mo	onthly basis until the loan
is paid in full. We shall also obtain a clearance from PSMFC for any of our employees who have obtained a loan	and wishes to change the
pay point.	
Gross Salary: Net Salary:	
Outstanding Loans: Accrued Benefits:	
Accrued Gratuity (if on Contract)	
MinistryName	
Signature	
Job Title Date	
	Official Stamp

SUPPORTING DOCUMENTS (ALL ARE REQUIRED)

Applicants are required to attach the following documents:

- 1. Copy of N.R.C
- 2. Copies of pay slips for the last three months
- 3. Introductory letter from employer
- 4. Proof of residence
- 5. Salary Analysis Sheet (Accounts to analyze or PSMFC)
- 6. Bank Statement (For Account No. indicated at PART 1)



PART 6

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LOAN INITIATING OFFICER'S COMMENTS

Recommended	Declined		
			5
Amount Recommended K	Period_		,
Monthly Repayments K	40% of	Net Salary K	
Effective Date	Due Da	ate	
Loans Officer/Assistant Loans C	Officer/Front Officer Assistant's Name		
Signature		Date	
DIRECTOR - OPERATIONS	/ MANAGER - ASSETS COMMEN	NTS	
	, MINITOLIN MODELO COMMINE		
	. 0,		
Recommended	Declined	Approved	
	5		<u> </u>
Amount K		Period	
	(Manua)	C:	
	(Name)	Signature	_
Date			

Director	Date
Secretary	Date
Member	Date
Member	Date
Member	Date

PART 8: FOR OFFICIAL USE ONLY

	LOAN DISBURSEMEN	NT
1.	Approved and disbursed amount	K
2.	Payment method	
3.	Payment Reference Number	

Finance Department	
Prepared by	Checked by
Signature:	Signature:
Name:	Name:
Designation:	Designation:
Date:	Date:
Approved by	
Signature:	
Name:	
Designation:	
Date:	
Audit, Risk and Compliance Department	
Signature:	
Name:)
Designation:	
Date:	