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DCD Registration No. 261/2013

BPOSACCOS LOAN APPLICATION FORM - 2026

I hereby apply for a Loan from the Botswana Public Officers Savings and Credit Co-operative Society, and I agree to comply with the Society's byelaws and amendments thereto, as well as other applicable laws.

1. LOAN APPLICATION DETAILS

CRITERIA (✓)	NEW LOAN	TOP-UP	SETTLEMENT	CONSOLIDATION
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LOAN TYPE	AVAILABLE AMOUNT	AVAILABLE TERM	INTEREST RATES	(✓)	APPLICATION AMOUNT	REPAYMENT TERM
PETTY CASH LOAN	P1,000 - P5,000	1 - 3 MONTHS	5% P.M.			
EMERGENCY LOAN	P1,000 - P20,000	1 - 18 MONTHS	10% P.A.			
NALEDI LOAN	P1,000 - P20,000	1 - 12 MONTHS	15% P.A.			
EDUCATION / SCHOOL FEES	P1,000 - P30,000	1 - 12 MONTHS	8% P.A.			
ORDINARY LOAN	P1,000 - P10,000	1 - 12 MONTHS	10% P.A.			
ORDINARY LOAN	P10,001 - P20,000	1 - 24 MONTHS	10% P.A.			
ORDINARY LOAN	P20,001 - P60,000	1 - 36 MONTHS	10% P.A.			
ORDINARY LOAN	P60,001 - P100,000	1 - 48 MONTHS	10% P.A.			
ORDINARY LOAN	P100,001 - P150,000	1 - 60 MONTHS	10% P.A.			
ORDINARY LOAN	P150,001 - P250,000	1 - 72 MONTHS	10% P.A.			
KHUMO PERSONAL LOAN	P250,001 - P350,000	1 - 96 MONTHS	9% P.A.			
KHUMO PERSONAL LOAN	P350,001 - P500,000	1 - 120 MONTHS	9% P.A.			

2. LOAN PURPOSE

PURPOSE OF THE LOAN

3. APPLICANT'S DETAILS

TITLE	NAMES	SURNAME
ID NUMBER	ID EXPIRY DATE	
DATE OF BIRTH	NATIONALITY	
GENDER (✓) M <input type="checkbox"/> F <input type="checkbox"/>	MARITAL STATUS (✓) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
RESIDENTIAL ADDRESS	OFFICE LINE	
POSTAL ADDRESS	EMAIL ADDRESS	
MOBILE 1	MOBILE 2	MOBILE 3

4. EMPLOYMENT DETAILS

NATURE OF EMPLOYMENT (✓) Salaried <input type="checkbox"/> Retired <input type="checkbox"/>	SALARY P.M.
NAME OF EMPLOYER	OCCUPATION
EMPLOYMENT TYPE Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Temporary <input type="checkbox"/> Pensioner <input type="checkbox"/>	
EMPLOYERS POSTAL ADDRESS	OFFICIAL LINE
EMPLOYERS PHYSICAL ADDRESS	DIRECT LINE

5. DETAILS OF NEXT OF KIN

Must be over 18, under 65 & related to the applicant. Not spouse, colleague, or friend.

NEXT OF KIN

TITLE				NAMES		SURNAME	
DATE OF BIRTH	D	D	M	M	Y	Y	Y
RELATION				GENDER (✓)	M		F
POSTAL ADDRESS				EMAIL ADDRESS			
RESIDENTIAL ADDRESS				MOBILE NO.			

6. DETAILS OF SPOUSE & SPOUSAL CONSENT

to be completed by spouse

Must be legally married to the applicant.

TITLE				NAMES		SURNAME	
ID NUMBER							
GENDER (✓)	M		F				
SPOUSE PHYSICAL ADDRESS				MOBILE 1			
SPOUSE POSTAL ADDRESS				MOBILE 2			

- o Optional completion of the following if the marriage regime is out of the community of property & support with the attachment of Form A.
- o If married in a community of property regime, completion & commission are mandatory.
- o Information to be confirmed using the eKYC system

I, the undersigned, do hereby confirm that:

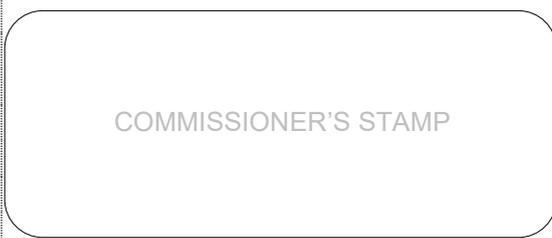
6.1 I am legally married to _____ / _____ (Spouse Names & ID No.)

6.2 I hereby consent that my spouse: (tick ✓ appropriate statement(s))

- Be given a loan by Botswana Public Officers Savings and Credit Co-operative Society (BPOSACCOS).
- Acknowledge the principal debtor's liability with BPOSACCOS as per the personal guarantee contract that he/she has entered into.

6.3 I fully understand the consequences of my consent and the legal effect thereof.

DATE	D	D	M	M	Y	Y	Y	Y	SIGNATURE	_____
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FOR THE COMMISSIONER OF OATHS *to be completed by authorised commissioners only*

COMMISSIONER'S STATION	_____
COMMISSIONER'S NAMES	_____
SIGNATURE	_____
DATE	_____

7. LOAN INSTALLMENT DEDUCTION, SALARIES STANDING ORDER

I, the undersigned,

Authorise the Botswana Public Officers Savings and Credit Co-operative Society to deduct from my salary/pension deductions as follows (✓);

P _____ In words _____

Monthly from my salary/pension effective (MM/YYYY) _____ until further notice.

If my stop order does not take effect, I undertake to notify BPOSACCOS.

Thank you.

I hereby duly authorize the above deduction to take effect from my payroll _____ (signature)

8. BANKING DETAILS FOR EFT PAYMENTS

All loans will be credited directly into the corresponding payroll account for easy cross-reference with the credit industry.

ACCOUNTS HOLDER'S NAMES

BANK NAME

BRANCH NAME

ACCOUNT NUMBER

BRANCH CODE

I hereby declare that the information provided above is correct and duly authorized by myself, _____ (signature)

9. EMPLOYMENT CONFIRMATION

To be completed by applicants' HR Office, No Abbreviations, HR Information should tally with applicants' details.

KINDLY CONFIRM THAT THE BELOW OFFICER IS YOUR EMPLOYEE IN GOOD STANDING FOR CREDIT PURPOSES

FILL IN THE EMPLOYEE'S DETAILS BELOW

TITLE

NAMES

SURNAME

ID NUMBER

GENDER (✓)

M

F

EMPLOYMENT TYPE

Permanent

Contract

Temporary

SALARY P.M.

DATE ENGAGED

D D M M Y Y Y Y

OCCUPATION

POSTAL ADDRESS

EMAIL ADDRESS

RESIDENTIAL ADDRESS

MOBILE NO

OFFICIAL STAMP

NAME OF EMPLOYER

NAME OF H.R. OFFICER

SIGNATURE, H.R. OFFICER

DATE

10. BPOSACCOS LOAN AGREEMENT

I, the Applicant, in consideration of **BOTSWANA PUBLIC OFFICERS SAVINGS AND CREDIT COOPERATIVE LIMITED** (BPOSACCOS) granting me the loan amount herein applied for or as may be approved by its Secretariat/Credit Committee, hereby agree and declare THAT,

THE LOAN DETAILS

- **Principal Loan Amount:** BWP As stated, [Clause 1]
- **Loan Purpose:** As stated, [Clause 2]
- **Annual Interest Rate:** Refer to [Clause 1, e.g., Ordinary Loan 10%] per month/annum, calculated on a reducing balance rate basis with equal instalments.
- **Loan Admin Fee:** [1.5%] of the principal amount (BWP [Clause 1]), to be deducted at source before disbursement.
- **Insurance Premium:** BWP [Amount, as per loan protection insurance form attached, to be deducted at source].
- **Total Deductions at Source:** BWP [Total of Processing Fee + Insurance].
- **Net Amount Disbursed:** BWP [Principal Loan Amount minus Total Deductions].

LOAN OFFER

This loan application may be granted under the following conditions;

- 10.1 The required verification and assessment process has been fully satisfied
- 10.2 The applicant is a member of BPOSACCOS in good standing.
- 10.3 The application fully satisfies the prescribed lending criteria as set out at the time of application.
- 10.4 The applicant has completed this application form in full and has provided all the required supporting documents.

APPROVAL CONDITIONS

- 10.5 I understand that BPOSACCOS will decide on its own absolute discretion as to whether to grant me the loan or not.
- 10.6 I am a member of BPOSACCOS. I shall not withdraw from BPOSACCOS, do or omit to do anything which may result in my said membership being withdrawn, suspended or cancelled while the loan herein is outstanding.
- 10.7 My deposits are sufficient to secure the loan amount applied for herein, and no withdrawal will be made while I'm still servicing the loan.
- 10.8 My current employers are authorised to deduct and directly remit from my salary the amount indicated herein or as may be advised by BPOSACCOS as the monthly loan repayment amount until payment in full. These instructions shall remain irrevocable until the loan amount herein has been fully repaid together with interest thereon as may from time to time be advised by BPOSACCOS.
- 10.9 I confirm that I can meet obligations that will be imposed upon me by the Loan Agreement and that entering into the Loan Agreement will not cause me to be overindebted.

INTEREST RATE

- 10.10 The borrower shall pay interest on the loan amount outstanding at the prevailing rates or at such other rate as BPOSACCOS may, in its sole discretion, determine, change the rate of interest and/or the basis on which it is calculated.
- 10.11 BPOSACCOS reserves the right to determine, change the rate of interest and/or the basis on which it is calculated.

ADMINISTRATION FEE

- 10.12 Fees and charges to cover administrative costs shall be paid by the borrower. Such fees and charges will be in accordance with prevailing BPOSACCOS tariffs.

CREDIT LIFE INSURANCE

- 10.13 Credit life cover shall be entered into through BPOSACCOS to cover the loan against death and or dreaded disability with

an exclusion on retrenchment as per the insurance cover signed for.

COLLATERAL/SECURITY

- 10.14 I hereby declare that I will maintain the relevant savings deposits to act as security/collateral for the loan and shall not access the funds until the facility is fully serviced.
- 10.15 Security is limited to Ordinary savings.

REPAYMENT

- 10.16 I, having borrowed, hereby promise to pay it each month through deductions from my salary. Should I separate from BPOSACCOS before this loan is fully paid, I therefore promise to settle the balance before I leave OR authorize the SACCOS to recover the outstanding amount from shares/savings deposits.
- 10.17 The loan repayment frequency shall be once a month, or as may be advised by BPOSACCOS from time to time.
- 10.18 In the event that I am not salaried at the time of entering this agreement or I have opted to service the loan through means other than by the way of standing order by the employer, I undertake to give and maintain such security as BPOSACCOS may consider adequate and to review it from time to time as may be advised by BPOSACCOS, I shall also give to my bank an irrevocable standing order for the monthly repayment amount indicated herein or as advised by BPOSACCOS in favour of BPOSACCOS and I shall not revoke the said standing orders while the loan herein remains unpaid.
- 10.19 In the event that my current employment is, for whatever reason, terminated while the loan herein is not fully repaid, I shall immediately and not later than 14 days notify BPOSACCOS, and in the event that I have taken up new employment, I shall immediately notify BPOSACCOS of the details of the new employment.
- 10.20 If no payment deductions(s) have been made for any particular period, then it is the responsibility of the Borrower to ensure that such gaps are closed and the instalments are deposited into the BPOSACCOS account below;

ACCOUNT HOLDER	BPOWF
BANK NAME	FIRST NATIONAL BANK
BRANCH NAME	FIRST PLACE
BRANCH CODE	281467
ACCOUNT NUMBER	62293836676
REFERENCE	Account holders' Omang number

EARLY SETTLEMENT

- 10.21 Early settlement is permitted; penalties as per the tariff guide shall be applied.
- 10.22 Early settlement will attract a penalty fee of 5% on the closing balance if a 3-month notice is not served.

OTHER DECLARATIONS

- 10.23 I hereby declare that all the information provided in this application Form is accurate, truthful, and a fair representation in all aspects and is not misleading in any way.
- 10.24 By signing this Application Form, I agree that any third party interested in this loan agreement or part thereof, now or in the future, may rely upon the truth, fairness, and accuracy of the information contained in this Application Form and any other supporting documentation or information provided by me.
- 10.25 I understand that BPOSACCOS may, at its sole discretion, treat as a breach of loan conditions any revocation of the instruction above without obtaining the prior written consent of BPOSACCOS.

SOCIETY INDEMNITY

- 10.26 I warrant that in the event of disclosure of my credit information as stated above, I shall have no claim against BPOSACCOS or any of its officers, or agents, and I shall indemnify BPOSACCOS against any loss or injury arising out of

any claim brought by myself or on my behalf or as a result of such disclosure.

DEFAULT

10.27 I am obliged to repay the loan amount and the interest as stipulated in this agreement or as advised by BPOSACCOS from time to time. In the event that I default in servicing the loan or in any manner breach the loan conditions/BPOSACCOS reserves the right to recover the amount due under this agreement by settling off against my shares, savings deposits or other monies held in my account(s) with BPOSACCOS of any of its affiliates or employ any other means to recover the outstanding amounts including third party resources.

10.28 I understand that in the event that I default in servicing the loan amount herein, BPOSACCOS reserves the right to share my credit information with other financial institutions, public authorities and the licensed credit reference bureaus, subject to any applicable law. BPOSACCOS further reserves the right to carry out credit checks with any of the licensed Credit Reference Bureaus for the purpose of assessing this application

DECLINED APPLICATION

10.29 If the loan application is declined for any reason, the applicant shall be advised accordingly.

LEGAL AND OTHER COSTS

10.30 All costs and charges incurred by BPOSACCOS arising out of recovery of this loan, not limited to legal fees, collection commission, litigation and recovery, shall be recovered from the borrower.

DISBURSEMENT

10.31 Once the loan is granted, the disbursement shall be deposited directly into the payroll account of the applicant.

TERMINATION OF AGREEMENT

10.32 This agreement shall terminate automatically once the loan has been fully paid. If you apply for a top-up, BPOSACCOS has the right to settle the existing personal loan with the proceeds of the new loan and disburse the balance.

MEMBER ACCEPTANCE

10.33 By signing below, I acknowledge and accept the terms of this Loan Facility Letter issued by BPOSACCOS

TITLE				NAMES		SURNAME	
DATE	D	D	M	M	Y	Y	Y
				SIGNATURE			

FOR OFFICIAL USE (To be completed by BPOSACCOS)				
LOAN DETAILS			REQUIREMENTS CHECKLIST (✓)	
LOAN AMOUNT		TOTAL SAVINGS BALANCE		PAYSLIP RECENT
LOAN TERM - MONTHS		TOTAL CONSOLIDATION		ID/OMANG, CERTIFIED COPY
ADMIN FEE (1.5%)		TOTAL SETTLEMENT		EMPLOYMENT CONFIRMATION
CREDIT LIFE INSURANCE		NET LOAN		3 MONTHS BANK STATEMENT
LOAN INSTALLMENT		1 ST INSTALLMENT DATE		CREDIT LIFE FORM, LIBERTY
				ID SPOUSE, CERTIFIED COPY
				SPOUSAL CONSENT FORM
				CUSTOMER SIGNATURES

OFFICER & DATE	RECEIVED BY	PREPARED BY	CHECKED BY	APPROVED BY:
NAMES				
SIGNATURES				
DATES				

NOTES:



BPOSACCOS PERSONAL LOAN PROTECTION



Account Details

Loan Number

Name of Account Holder

Personal Details

Title

Tel No. (work)

Tel No. (home)

First names

Surname

Date of birth
(YYYY-MM-DD)

Identity No.

Nationality

Occupation

Cover Details (complete only for Personal Loan Protection)

Term of Loan

M M

Sum Insured/Principle debt

P

Premium Payable

P

Mandatory General Declaration - applicable to all applications

I confirm that the details provided above and in any attached documents are a true reflection of my personal, employment and other details. In addition to accepting this loan offer, I agree that the loan will be fully repayable if I leave the membership of the Saccos I further confirm that the general terms and conditions have been explained to me, and I agree to be bound by them, and that I am able to afford the repayments arising from the loan obligation.

I also:

- authorize the BPOSACCOS to take out insurance under its Master Policy sufficient to settle the loan in full in then event of my death;
- consent to the insurance premium being debited to the loan account;
- cede all my BPOSACCOS rights, title and interest in this policy to the BPOSACCOS as security; and
- authorize the BPOSACCOS to obtain any information they deem necessary to process a claim.

I declare that I:

- am aware that a waiting period of 6 months will be applicable for all new loan amounts. All top-ups to the loan in excess of 10% of the loan amount will be subjected to a waiting period of 6 months as specified in the Terms and Conditions of the Insurance Policy;
- have been provided with a summary of the Terms and Conditions of the Insurance Policy; and
- have been advised that the Master Policy is available for my inspection on request from BPOSACCOS.

Please Note:

- ✓ That life insured must be in good health
- ✓ Maximum entry age is 64 years for Personal protection plans
- ✓ Maximum cover age for disability and death is 65 years and 70 years for Death.
- ✓ This policy remains in force until the life assured reaches the maximum age or cancellation of the facility, whichever occurs first
- ✓ Maximum loan protection is P250,000 for Personal loans
- ✓ When submitting a claim the following certified copies for the insured will be required:
 - Relevant Claim form (obtain from BPO Saccos)
 - Proof of identity (Birth certificate/ Identity Document / Passport)
 - Death certificate (Death only)
 - Doctor certificate (Disability)
 - Claimants proof of identity
 - Proof of relationship
 - Police report (unnatural causes)
 - Any other documents that may be necessary to process the claim

Signed at _____

on (dd-mm-yy) _____

Signature of Life insured

Signature of BPO Saccos Official

Personal Loan Protection Plans - Summary of the Terms and Conditions

This document is issued in the interest of openness and transparency and is designed to assist you in making informed decisions when purchasing credit life insurance

Description of Cover	
<p>1. Owner The owner of the policy is BPOSACCOS</p>	<p>8. Revision or Cancellation of Terms and Conditions BPOSACCOS and the Insurer reserve the right to amend, revoke, vary, alter or cancel any of the terms and conditions of this policy. If so, BPOSACCOS will give the Insured Person at least thirty (30) days written notice of such amendment.</p> <p>9. Premium Charged The premium is the single amount payable to be covered for the insured benefits. The premium rate charged will depend on the repayment term you choose.</p> <p>10. Policy Term The policy term is determined at entry to coincide with the expiry of the loan agreement. The maximum term is seven (7) years.</p> <p>11. Payment of Benefits The benefit of this policy will only be paid if The Insurer is sure that:</p> <ul style="list-style-type: none"> - All premiums due have been paid; and - The Death, Total and Permanent Disability is valid; and - BPOSACCOS is entitled to the benefit, and - The other important information of the Insured Person shown on the application form are correct, - All conditions of cover have been met. <p>12. When the insurance cover ends The benefits under this Policy in respect of the Insured person shall cease when:</p> <ul style="list-style-type: none"> - The loan is cancelled; or - The death or Total and permanent disability benefit is paid; or - The loan is paid off; or - Premium is not paid on due date; or - The Insured person reaches his/ her 70th birthday for Death and 65th for disability - The loan is surrendered <p>13. Your right to cancel the policy The Insured Person has the right to cancel the policy in writing within 30 days after receipt of the summary.</p> <p>14. Fraud If any claim is fraudulent in any manner, all benefits will be forfeited and the Insurer reserves the right to cancel the cover in its entirety and declare all premiums paid as forfeited.</p> <p>15. Territorial Limits This Policy shall not extend to any other persons other than the citizens and residents of the country where the policy was issued, as specified in the Schedule.</p> <p>16. Currency Premiums and benefits are shown and payable in Botswana Pula.</p> <p>17. Jurisdiction The laws of Botswana, whose Courts shall have jurisdiction in any dispute arising hereunder, will govern this policy.</p> <p>18. Non Disclosure If any material information has been withheld or any information disclosed appears to be false or incorrect, then the claim will be regarded as invalid. In addition, The Insurer reserves the right to cancel the cover in its entirety, and declare all premiums paid as forfeited.</p> <p>19. Consent The Insured Person irrevocably authorises The Insurer/BPOSACCOS to obtain any information from any person(s) who The Insurer/BPOSACCOS deems necessary; and share information, in any related policy or other document, with other insurers, either directly or indirectly, at any time.</p> <p>20. Master Policy This is a summary of the cover provided. In the event of a discrepancy between this policy summary and the provisions of the master policy, the master policy shall prevail. A copy of the master policy is available from BPOSACCOS on request.</p> <p>21. Claims, Queries/Complaints Please contact your BPOSACCOS adviser for any queries, claims or complaints</p>
<p>2. Insured Person (You) An eligible person who entered into a valid personal loan agreement with BPOSACCOS is between ages 18 and 64 (inclusive) at commencement.</p>	
<p>3. Benefits The benefits provided are dependent on the plan selected by you. The maximum benefit payable is P250 000 on Personal loan respectively. The cover provides death, total and permanent disability benefits.</p>	
<p>3.1. Death On the death during the term of the policy the death benefit will be paid provided all claim requirements have been met. The death benefit is equal to the outstanding balance on your loan. The outstanding balance will allow for the reduction of the initial sum assured by all instalments which were due to be paid up to the date of the insured event.</p>	
<p>3.2. Total and Permanent Disability In the event that the insured person becomes totally and Permanently disabled during the term of the policy, an amount equivalent to the death benefit will be paid by the Insurer provided all claim requirements have been met. Total and Permanent Disability occurs when, owing to an accident, illness or surgical operation, the Insured person has either become totally and permanently disabled which renders them incapable of engaging in their own normal occupation, or in any other occupation for and in which, in Liberty's opinion, they could reasonably be considered capable of engaging by virtue of their training and general experience for remuneration or profit for a period of 26 consecutive weeks. A benefit is only payable if:</p> <ul style="list-style-type: none"> - the disability has existed for not less than 26 consecutive weeks; - proof of Total and Permanent Disability satisfactory to the Insurer is given; 	
<p>3. Special Conditions and Exclusion Following an insured event other than death, the Insured person shall seek qualified medical assistance and failure to seek such assistance or follow any advice or course of treatment could preclude the Insured Person from claiming under this policy. The Insured person shall also provide any reasonable medical evidence of any of the insured events and shall at his own expense undergo any medical examination required by the Insurer. The Insurer will not make any payment in respect of any conditions or events arising directly or indirectly from or traceable to:</p> <ul style="list-style-type: none"> - Injuring yourself deliberately or suicide or attempted suicide within 24 months inception of the policy. - Wilful and material violation of any criminal law, or - Deliberate involvement in any riot, uprising, civil commotion, seizing of power, martial law, war, the overthrowing or influencing of any government or ruling body by force, terrorism or violence, or - Exposure to atomic energy, nuclear fission or reaction, biological and chemical hazards and warfare agents, or - Refusal to seek and follow medical advice, or - Regular participation in any hazardous sport or pursuit. Regular participation is defined as participating in an activity more than once a year. 	
<p>4. Acceptance of the Policy The Insurer's acceptance of this policy is based on the health declaration made by the Insured Person and the personal information provided.</p>	
<p>5. Immediate cover The policy provides immediate accidental death cover. Death must be as a result of bodily injury sustained by accidental means. An accident is a sudden external violent unexpected event, which results in injury or death.</p>	
<p>6. Surrender Value You or by virtue of the cession, BPOSACCOS will be entitled to surrender the policy. The surrender value will be calculated on a basis to be determined by the insurer's actuary at that time.</p>	
<p>7. Days of Grace Premiums must be paid within 30 days of them being due. If they are not paid the policy will be cancelled. The cover can be reinstated subject to The Insurer's requirements at the time.</p>	