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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. BORROWER'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 Borrower. 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 the Borrower's spouse

Must be legally married to the Borrower.

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 Certified copies of the marriage certificate and omang of the spouse to be attached.
- o Information to be confirmed using the eKYC system

I, the undersigned, do hereby confirm that:

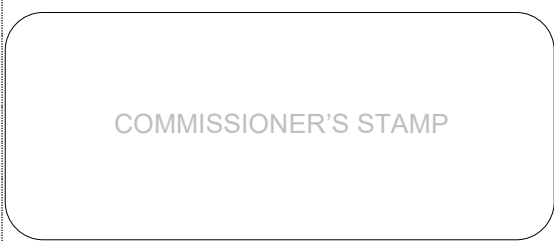
6.1 I am legally married to \_\_\_\_\_ / \_\_\_\_\_ (Spouse Names & ID No.)

6.2 I hereby consent that my spouse: (tick ✓ statement to give consent)

- 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 Borrowers' HR Office, No Abbreviations, HR Information should tally with Borrowers' 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 Borrower, 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,

### 10.1 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 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 the loan protection insurance form attached, to be deducted at source).
- **Total Deductions at Source:** BWP (Total of Admin Fee + Credit Life Insurance, + any Settlements).
- **Net Amount Disbursed:** BWP (Principal Loan Amount minus Total Deductions).

### 10.2 LOAN OFFER CONDITIONS

This loan application may be granted under the following conditions:

- 10.2.1 The Borrower is a member of BPOSACCOS in good standing.
- 10.2.2 The application fully satisfies the prescribed lending criteria as set out at the time of application.
- 10.2.3 The Borrower has completed this application form in full and has provided all the required supporting documents.
- 10.2.4 The required verification and assessment process has been fully satisfied.
- 10.2.5 This offer shall lapse if it is not accepted within 30 days.

### 10.3 INTERPRETATIONS

- 10.3.1 **Single** - A person who has never been legally married.
- 10.3.2 **Married** - A person legally married under any recognised law.
  - (a) **In community of property:** Both spouses are jointly and severally liable. Written spousal consent (Form B under Cap. 29:03) is required.
  - (b) **Out of community of property:** The Borrower alone is liable. The registered **Form A** instrument must be produced.
  - (c) A married Member shall disclose their marital regime at the time of application. Failure to disclose, or misrepresentation of, the applicable marital regime shall constitute a material breach of this Agreement.
- 10.3.3 **Divorced** - A person whose marriage has been legally dissolved, who has not remarried, and who provides a Decree Absolute of Divorce.
- 10.3.4 **Widowed** - A person whose spouse has died, who has not remarried, and who provides a Death Certificate.
- 10.3.5 **Next of Kin** - A nominated person (child over 18 or closest relative) for emergency contact only. The Next of Kin has no liability for the loan.

### 10.4 REQUIRED DOCUMENTS

The Borrower must provide certified copies of:

- 10.4.1 Omang (national identity card)
- 10.4.2 Recent Payslip
- 10.4.3 Employment Confirmation (BPOSACCOS form)
- 10.4.4 Three Months' Bank Statements
- 10.4.5 Spouse's Omang (if married)
- 10.4.6 Spousal Consent Form (BPOSACCOS form, if applicable)
- 10.4.7 Marriage Certificate (if applicable)
- 10.4.8 Decree Absolute (if divorced)

### 10.5 INTEREST RATE

- 10.5.1 Interest is calculated daily on the outstanding principal balance (reducing balance method).

- 10.5.2 BPOSACCOS reserves the right, upon reasonable notice, to vary the interest rate and/or the basis of its calculation in accordance with its lending policies and applicable law.

### 10.6 ADMINISTRATION FEE

- 10.6.1 A once-off administration fee, as stated in the Loan Offer, shall be deducted from the loan proceeds before disbursement.
- 10.6.2 The fee is in accordance with BPOSACCOS's published tariff guide, a copy of which is available on request.

### 10.7 CREDIT LIFE INSURANCE

- 10.7.1 The Borrower shall maintain credit life insurance through BPOSACCOS, covering death and permanent disability (but not retrenchment), as per the separate insurance schedule.
- 10.7.2 The insurance premium shall be deducted from the loan proceeds at source.

### 10.8 SECURITY / COLLATERAL

- 10.8.1 The Borrower shall maintain an ordinary savings deposit account equal to 25% of the principal loan amount as security.
- 10.8.2 There shall be no withdrawal from an ordinary savings deposit account until the loan is fully repaid.
- 10.8.3 The deposit withdrawal restriction is lifted upon full loan repayment.

### 10.9 APPROVAL CONDITIONS

- 10.9.1 I understand that BPOSACCOS will decide on its own at its sole discretion, subject to its credit policies and applicable laws, as to whether to grant me the loan or not.
- 10.9.2 I shall not withdraw from BPOSACCOS, do or omit to do anything which may result in my membership being withdrawn, suspended or cancelled while the loan herein is outstanding.
- 10.9.3 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.
- 10.9.4 The Borrower confirms that entering into this Loan Agreement will not result in over-indebtedness and that the Borrower has the financial capacity to meet the repayment obligations.

### 10.10 REPAYMENT

- 10.10.1 **Method** - Repayment shall be made by irrevocable salary deduction authorised by the Borrower's employer, directly to BPOSACCOS.
- 10.10.2 **Non-salaried Borrowers** - If the Borrower is not salaried, they must:
  - Issue an irrevocable standing order from their bank account
- 10.10.3 **Change or loss of employment** - The Borrower shall notify BPOSACCOS **within 14 days** of:
  - Termination of employment (for any reason)
  - Commencement of new employment
- 10.10.4 **Direct payment** - If no salary deduction is made in any month, the Borrower must deposit the instalment directly into BPOSACCOS's bank account:

ACCOUNT HOLDER	<b>BPOWF</b>
BANK NAME	<b>FIRST NATIONAL BANK</b>
BRANCH NAME	<b>FIRST PLACE</b>
BRANCH CODE	<b>281467</b>
ACCOUNT NUMBER	<b>62293836676</b>
REFERENCE	<b>Members' Omang Number</b>

### 10.11 DISBURSEMENT

10.11.1 The net loan amount (after deductions for fees and insurance) shall be deposited directly into the Borrower's payroll account upon approval.

### 10.12 EARLY SETTLEMENT

10.12.1 The Borrower may settle the loan early at any time.  
10.12.2 No penalty applies if the Borrower gives 30 days' written notice of early settlement.  
10.12.3 If less than 30 days' notice is given, an early settlement fee of **5% of the outstanding balance** shall apply.  
10.12.4 Upon early settlement, BPOSACCOS shall release the Security Savings (25% of principal) within 7 Business Days

### 10.13 CONSOLIDATION / SETTLEMENT

10.13.1 Consolidation - The combining of two or more existing loans (held by the member with external institutions) into a single BPOSACCOS loan, resulting in one monthly repayment.  
10.13.2 Settlement - The full repayment of a loan by regular instalments or a lump sum, after which the loan account is closed.

### 10.14 DECLINED APPLICATION

10.14.1 If the loan application is declined, BPOSACCOS shall notify the Borrower in writing and provide the reason for declination (where required by law).

### 10.15 DEFAULT AND REMEDIES

10.15.1 **Events of Default** - Default occurs if:  
• Any instalment remains unpaid for more than 15 days after the due date  
• The Borrower provides false or misleading information  
• The Borrower's membership in BPOSACCOS is terminated  
• The Borrower becomes insolvent or is sequestered  
10.15.2 **Remedies on Default** - Upon Default, BPOSACCOS may:  
• Demand immediate repayment of the full outstanding balance  
• Set off the outstanding amount against the Borrower's shares, Security Savings, or any other monies held by BPOSACCOS  
• Report the default to a licensed credit reference bureau (after 30 days' written notice to the Borrower)  
• Instruct external debt collectors (at the Borrower's cost)  
• Take legal action to recover the debt  
10.15.3 **Notice of Default** - BPOSACCOS shall give the Borrower **10 Business Days'** written notice before exercising any remedy under 10.15.2.

### 10.16 TERMINATION OF AGREEMENT

10.16.1 This Agreement terminates automatically when the loan is fully repaid, and all interest, fees, and costs have been paid.  
10.16.2 If the Borrower applies for a new loan (top-up), BPOSACCOS may use the proceeds to settle any existing loan before disbursing the balance.

### 10.17 LEGAL AND OTHER COSTS

10.17.1 All reasonable costs incurred by BPOSACCOS in recovering the loan (including legal fees on an attorney-and-own-client

scale, collection commission, and court costs) shall be paid by the Borrower.

### 10.18 DATA PROTECTION AND CREDIT INFORMATION

10.18.1 The Borrower consents to BPOSACCOS processing their personal data for loan administration, credit assessment, and debt recovery.  
10.18.2 BPOSACCOS may share credit information with:  
• Licensed credit reference bureaus  
• Other financial institutions (for credit checks)  
• Regulators and law enforcement (if required by law)  
10.18.3 The Borrower has the right to request a copy of their credit information held by BPOSACCOS.

### 10.19 SOCIETY INDEMNITY

10.19.1 The Borrower agrees to indemnify BPOSACCOS against any claim arising from the lawful disclosure of credit information as permitted under this Agreement and applicable Botswana law.  
10.19.2 This indemnity does not apply where BPOSACCOS acts negligently or in bad faith.

### 10.20 NOTICES

10.20.1 Any notice under this Agreement shall be in writing and sent to:  
• To BPOSACCOS: The address recorded on the application form  
• To the Borrower: The email, postal address, or physical address provided in the application  
10.20.2 Notices sent by email are deemed received on the same Business Day. Notices sent by post are deemed received 5 Business Days after posting.

### 10.21 GENERAL PROVISIONS

10.21.1 No failure or delay by BPOSACCOS in exercising any right under this Agreement shall operate as a waiver.  
10.21.2 If any clause of this Agreement is found to be unenforceable, the remainder of the Agreement remains in full force.  
10.21.3 This Agreement constitutes the entire understanding between the parties. No variation shall be effective unless in writing and signed by both parties.

### 10.22 GOVERNING LAW AND DISPUTE RESOLUTION

10.22.1 **Governing law** - This Agreement is governed by the laws of the Republic of Botswana.  
10.22.2 **Dispute resolution** - Any dispute arising from this Agreement shall be referred to **internal mediation** by BPOSACCOS's Credit Committee.

### 10.23 BORROWER'S DECLARATION

10.23.1 I, the undersigned Borrower, declare that:  
• All information provided in my application is true and complete.  
• I have read and understood all clauses of this Agreement.  
• I am not over-indebted and have the financial capacity to meet the repayment obligations.  
• I accept the terms and conditions as set out above.

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



## CREDIT LIFE PROPOSAL FORM

PLEASE COMPLETE IN BLACK INK ONLY  
PLEASE COMPLETE THE FORM USING CAPITAL LETTERS ONLY

### LIFE ASSURED DETAILS

PROF.   
  DR.   
  MR.   
  MS.   
  MRS.

NAME(S)		SURNAME	
ID/PASSPORT NO.		DATE OF BIRTH	
GENDER (M/F)		MARITAL STATUS	
PHONE NUMBER		EMAIL ADDRESS	
HOME ADDRESS		EMPLOYEE/WORK ADDRESS	

### NEXT OF KIN DETAILS

NAME(S)		SURNAME	
PHONE NUMBER		ID/PASSPORT NO.	

### PARTICULARS OF LOAN

LOAN NAME/TYPE	
AMOUNT OF LOAN	
PERIOD OF COVER	
PREMIUM	

### HEALTH DECLARATION

HAS YOUR APPLICATION FOR LIFE INSURANCE EVER BEEN DECLINED?     YES     NO

IF YES, PLEASE PROVIDE DETAILS BELOW:

NAME OF INSURANCE COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON: \_\_\_\_\_

HAVE YOU BEEN HOSPITALISED AS AN IN-PATIENT OR HAD CONSULTATIONS FROM CRITICAL/CHRONIC/ONGOING ILLNESS DURING THE LAST 6 MONTHS?     YES     NO

IF YES, PLEASE PROVIDE DETAILS BELOW:

ATTENDING PHYSICIAN: \_\_\_\_\_

DATE OF CONSULTATION CONFINEMENT: \_\_\_\_\_ CLINIC/HOSPITAL: \_\_\_\_\_

I DECLARE THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE NOT WITHHELD ANY RELEVANT INFORMATION THAT MIGHT HAVE OTHERWISE AFFECTED THE ACCEPTANCE OF MY PROPOSAL.

SIGNED AT: \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## TERMS AND CONDITIONS

### LIFE COVER (DEATH)

#### Definition of cover

Cover will be in the form of a lump sum benefit.

#### Submission of Life Assurance Claims

The Proposer must lodge claims with Westlife on West Life's prescribed forms. The completed forms, together with such other documentation as is specified in such forms are to be submitted to Westlife within 52 weeks of the member's death.

Westlife may request additional information that it may require to assess the claim. This includes information from the Insured Person's medical specialist, or any other medical specialist stipulated by Westlife. By signature hereof, the Proposer consents to disclosure of such medical information.

### PERMANENT DISABILITY COVER

#### Definition of cover

Cover will be in the form of a lump sum benefit.

#### Submission of Disability Claims

The Proposer must lodge claims with Westlife on Westlife's prescribed forms. The completed forms, together with such other documentation as is specified in such forms, and relevant specialist medical evidence, are to be submitted to Westlife no later than 4 weeks after the expiry of the Waiting Period or 13 weeks after the date of disablement in the event of the loss of limbs, whichever is applicable to the member's condition.

#### Waiting period

The waiting period is a period of absence from the Employer's service, equal to 6 consecutive months from the first day of absence from work.

### CONDITIONS FOR ASSESSMENT OF DISABILITY CLAIMS

Westlife will assess the disability claim subject to:

- The member's having entered the Waiting Period, if applicable,
- Uninterrupted continuation of the disability cover throughout the waiting Period, if applicable,
- Full and uninterrupted payment of all premiums due in terms of the policy (this provision continues to apply during the Waiting Period), and
- Compliance with Westlife's requirements for submission of claims.

Westlife has the right to call for such information relating to any aspect of the claim as may be required. This may include further medical evidence from the member's medical specialist or such other medical specialist as Westlife stipulates. If these requirements are not met within a period of 8 weeks from the date on which the Proposer was notified thereof, the claim becomes null and void on the expiry of such 8-week period, unless Westlife agrees to extend this period. By signature hereof, the Proposer consents to disclosure of such medical information.

Westlife may also request that the Proposer submit the member's Credit Loan Agreement to Westlife, along with such additional information relating thereto as Westlife may require to satisfy itself as to the authenticity and validity of such Credit Loan Agreement.

Westlife will also have the right to decline the disability claim if the member is not compliant with medical treatment which he could reasonably be expected to follow, taking into account

- The recommendations of his medical specialist.
- The expected reduction in symptoms and/or the probable reduction in the member's physical and/or psychological impairment which may be brought about by such treatment.
- The affordability and availability of such treatment; and
- The risks and/or side-effects inherent in such treatment. For the purposes hereof, medical treatment includes, but is not restricted to, rehabilitation, counselling, medication and regular medical review.

### MANNER OF ASSESSMENT OF DISABILITY

Subject to compliance with the above conditions, Westlife will assess the member's condition in order to determine whether he/she has completed the Waiting Period and the whole duration of such Waiting Period was occasioned by an injury or illness which rendered the member totally incapable of performing his Own Occupation (i.e. the type of work he was performing immediately prior to the commencement of the Waiting Period) as well as any Alternative Occupation (i.e. any functions with any Employer which will enable the Insured Person to generate an income taking into account his age, education, training, knowledge, ability and experience).

### EXCLUSIONS

No claim will be payable if it is directly or indirectly attributable or traceable to:

- Willful self-inflicted injury, or
- Active participation in war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war be declared or not), civil war, insurrection, rebellion, revolution, civil commotion or uprisings, military power, or
- The use of nuclear, biological or chemical weapons, or any radioactive contamination arising from the use thereof, irrespective of whether this has been performed with the specific use of information technology, or
- Any attack on or sabotage of facilities (including but not limited to nuclear power plants, reprocessing plants, repository sites and research reactors) and storage depots, which leads to the release of radioactivity or nuclear, biological or chemical warfare agents, irrespective of whether this has been performed with the specific use of information technology.

No claim will be payable during the 6 months after the date on which the member first became a member if the claim is attributable to:

- An illness or injury for which the member received (or would reasonably have received) medical advice, a diagnosis or treatment during the 6 months immediately before the date on which he first became a member, or
- An intentional self-inflicted injury or suicide.

These pre-existing conditions also apply to any increases in cover granted to the member.

### PREVIOUS INSURANCE HISTORY

Where a client's previous application has been declined, postponed, or accepted at any other special terms, the details would need to be disclosed to the underwriter for assessment.

### REFUND CALCULATION

Net Single Premium x Unexpired Policy Term/ Original Policy Term

### GENERAL TERMS AND CONDITIONS

- The minimum loan amount is P1,000.00.
- The maximum loan amount is P350,000.00.
- Death and disability benefit covers the life of the main member only. No waiting period applicable excluding suicide.
- Suicide waiting period of 12 months is applicable.
- Total and Permanent (Occupational) disability Benefit covers the main member only.
- A deferred period of months shall apply where the benefit will only be paid once permanency has been established.
- Pre-existing condition waiting period of 6 months is applicable.
- The quoted premium is inclusive of commission (30%+VAT).