



Botswana Public Officers SACCOS
P. O. Box 1682 AAD Poso House
Gaborone, Botswana
Tel: (+267) 397 2048; 71262000
www.bposaccos.co.bw
Plot: 50667 Fairgrounds, Block B

DCD Registration No. 261/2013

BPOSACCOS LOAN APPLICATION FORM

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 bye-laws 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.			
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. APPLICANT'S DETAILS

TITLE	<input type="text"/>	NAMES	<input type="text"/>	SURNAME	<input type="text"/>		
ID NUMBER	<input type="text"/>	ID EXPIRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>		
DATE OF BIRTH	<input type="text"/>	NATIONALITY	<input type="text"/>	<input type="text"/>	<input type="text"/>		
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	<input type="text"/>	OFFICE LINE	<input type="text"/>	<input type="text"/>	<input type="text"/>		
POSTAL ADDRESS	<input type="text"/>	EMAIL ADDRESS	<input type="text"/>	<input type="text"/>	<input type="text"/>		
MOBILE 1	<input type="text"/>	MOBILE 2	<input type="text"/>	MOBILE 3	<input type="text"/>		

3. EMPLOYMENT DETAILS

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

4. SPOUSE DETAILS

Must be legally married.

TITLE	<input type="text"/>	<input type="text"/>	<input type="text"/>	NAMES	<input type="text"/>	SURNAME	<input type="text"/>					
ID NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GENDER (✓)	M	<input type="checkbox"/>	F	<input type="checkbox"/>
SPOUSE POSTAL ADDRESS	<input type="text"/>										MOBILE 1	<input type="text"/>
SPOUSE PHYSICAL ADDRESS	<input type="text"/>										MOBILE 2	<input type="text"/>

5. NEXT OF KIN DETAILS

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

NEXT OF KIN																
TITLE	<input type="text"/>	<input type="text"/>	<input type="text"/>	NAMES	<input type="text"/>	SURNAME	<input type="text"/>									
DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	RELATION	<input type="text"/>	GENDER (✓)	M	<input type="checkbox"/>	F	<input type="checkbox"/>
POSTAL ADDRESS	<input type="text"/>										EMAIL ADDRESS	<input type="text"/>				
RESIDENTIAL ADDRESS	<input type="text"/>										MOBILE NO.	<input type="text"/>				

6. BANKING DETAILS FOR EFT PAYMENTS

- As per payroll details.
- Kindly attach bank account confirmation, e.g., the latest bank letter/statement or payslip (must not be older than 3 months)

ACCOUNTS HOLDERS NAMES	<input type="text"/>															
BANK NAME	<input type="text"/>					BRANCH NAME	<input type="text"/>									
ACCOUNT NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BRANCH CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I hereby declare that the information provided above is correct and duly authorized by myself, <input type="text"/> (signature)																

7. LOAN STOP ORDER, SALARIES DEDUCTION

I, the undersigned,

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

P In words

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

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

Thank you.

Yours faithfully

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

8. DECLARATION

I, the undersigned,

I hereby declare that the details furnished above are true and correct to the best of my knowledge. I believe and undertake to inform you of any changes therein immediately. If the above information is found to be false, untrue, or misrepresenting, I am aware that I may be liable for that.

TITLE	<input type="text"/>	<input type="text"/>	<input type="text"/>	NAMES	<input type="text"/>	SURNAME	<input type="text"/>		
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SIGNATURE	<input type="text"/>



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>	