


**LOAN APPLICATION FORM FOR GRZ**
**OFFICIAL USE**

 Customer number  Reference number  Contract Number 

 DSA name  DSA Contact  Branch 
**PERSONAL DETAILS**

 Forename  Surname  Other names 

 Gender  M  F Date of Birth -- Marital Status Married  Single  Divorced  other  No. of Dependents  No. of Children 

 Identification (ID) number: / /  Phone Number  Email 

 Residential Address  District  Province 

 No. months stayed at current residence 

 Referee/Next of Kin name  Referee/ Next Kin phone number 

 Referee/ Next of Kin address  Relationship to Customer 
**LOAN REQUIRED AND BANK DETAILS**

 Amount Requested K  Loan Tenure (Months)  Purpose of Loan 
**BANK DETAILS**

 Name of account holder  Name of Bank 

 Account number  Branch 
**EMPLOYEE CONFIRMATION**

 Name of Employer  Nature of employment Permanent  Contract 

 Designation  Employee number 

I authorize my employer to remit/deduct my full monthly salary/ from my monthly salary to LOLC Finance Zambia (LOLCFZ) to cover the monthly loan repayments until LOLCFZ advise otherwise.  
 I will inform LOLCFZ in writing within seven days of any retrenchment/dismissal/suspension/resignation from employment  
 I authorize my employer to deduct from Gratuity/terminal benefits and other payments/monies to cover the outstanding loan amount as intimated by LOLCFZ in the event of separation with my employer for any reason and remit it to LOLCFZ  
 I authorize my employer not to accept any change to this instruction/ authority without prior written approval from LOLCFZ.  
 I authorize LOLCFZ Finance Zambia Limited to create a Loan savings account using my details indicated and attached hereto, to facilitate the disbursement of my loan.  
 I confirm that I am aware that LOLCFZ Finance Zambia is obliged to request information from the **Credit Bureau** regarding my financial dealings and that any adverse information will disqualify me from obtaining any credit facilities from LOLCFZ. I further confirm that I am aware that the LOLCFZ is obliged to list any adverse credit information such as late or missing payments will be reported to Credit Reference Bureau as per statutory requirement, which will severely affect my ability to future borrowings from LOLCFZ and other financial institutions.  
 I hereby give consent to LOLCFZ to process my personal information provided with this application.  
 I declare that all the particulars and information given in this application form are true, correct and complete and that they shall form the basis of any loan LOLCFZ may decide to grant me. I accept and consider myself bound by it.

Applicants Full Names .....Signature .....Date.....Place.....

**EMPLOYER CONFIRMATION**

We hereby confirm that the applicant is a bonafide employee and the details indicated above are correct. We further confirm that the applicant is eligible for the loan applied for and confirm that the applicant's full salary/monthly loan instalment will be remitted to LOLC Finance Zambia (LOLCFZ) until the loan is paid in full.

Full Names

Designation

Contact Number

Signature

Official Date Stamp