

OFFICIAL USE

Customer Number Ref Number Contract Number
 DSA name Contact Branch Name

PERSONAL DETAILS

Forename Surname Other names
 Gender Date of Birth -- Marital Status Married Single Divorced other No. of Dependents No. of Children
 Identification (ID) number: / / Phone number Email
 Residential address Town 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

EMPLOYEE CONFIRMATION

Name of Employer Nature of employment Permanent Contract
 RANK 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 LOLC 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 LOLC 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 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.

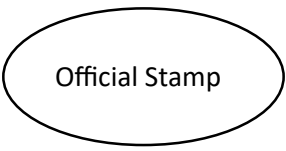
Applicants Full NamesSignatureDate.....Place.....

LOAN REQUIRED & BANK DETAILS

LOAN AMOUNT	
MONTHLY INSTALMENT	
LOAN TENURE	
CURRENT NET PAY	
40% OF BASIC PAY	

SALARY BANK DETAILS

BANK NAME		YES	NO
ACCOUNT NUMBER		YES	NO
BRANCH NAME/CODE		YES	NO
ACCOUNT NAMES		YES	NO



I _____ do hereby confirm that the bank details provided are correct. Signature _____

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		Signature	Official stamp
Designation			
Contact Number			