





	OFFICIAL USE	
Customer Number	Ref Number Co	ontract Number
DSA Name	Contact E	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
current residence		
5 6 10 4 616 11		
Referee/Next of Kin Nan	Reto	eree/ Next Kin phone Number
Referee/ Next of Kin Add	Iress Rela	ationship to Customer
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.		
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 the y shall form the basis of any loan LOLCFZ may decide to grant me. I accept and consider myself bound by it. Applicants Full Names		
	LOAN REQUIRED & BANK DETAILS	
Loan Amount		
Monthly Instalme	nt	
Loan Tenure		
Current Net Pay		
40% Of Basic Pa	/	
SALARY BANK DETAIL	s	
Bank Name	Yes No	
Account Number	Yes No	Official Observe
Branch Name/Co	de Yes No	Official Stamp
Account Names	Yes No	
1	do hereby confirm that the bank details provided are correct. Si	ignature
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 Ioan instalment will be remitted to LOLC Finance Zambia (LOLCFZ) until the loan is paid in full. Full Names		
Designation		Signature Official stamp
Contact Number		_