



APPLICATION FORM FOR PUBLIC SERVICE BRING YOUR OWN DEVICE LOAN SCHEME

For Official Use Only

Customer Reference Number []

Customer Account Number []

PART 1

To be Completed by Applicants
Applicant Personal Details

Dr/Prof/Mr/Mrs/Miss Surname [] Middle Name [] First Name []

Gender [] Male [] Female

Date of Birth [] NRC No. []

Office Telephone No. []

Mobile No. []

Email Address []

Residential Address []

[] Owned [] leased How Long at this Place []

Postal Address []

Town [] Province []

PART 2

Employment Details

Job Title []

Ministry []

Physical Address []

Postal Address []

Town Province []

Gross Salary [] Current Net Salary [] Salary Scale []

Preferred Year of Retirement [] Employee No. [] Years in Employment []

Please Tick where Appropriate:

[] Permanent Employment [] Contract Employment If on Contract, state expiry date []

PART 3

Next of Kin Information

Name Other Names

Physical Address

Postal Address

Cell Number

Email address

PART 4

EMPLOYER COMMENTS AND CONSENT

We confirm that..... is an employee of and confirm having assessed the applicant and recommend him/her for a Short-Term Cash Solution of K..... We further confirm that the applicant's net pay will be above the **40%** threshold after this Short-Term Cash Solution recovery is effected.

Gross Salary: Net Salary

Outstanding Loans:

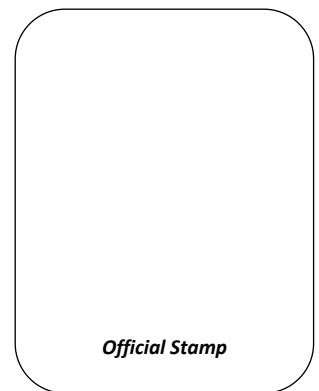
Accrued Gratuity (if on Contract) : Due date:

Ministry

Name

Signature:

Job Title Date:



PART 5

SUPPORTING DOCUMENTS

Supporting Documentation Submitted [Tick (√)]

Applicants are advised to attach the following documents:

- 1. Certified Copy of National Registration Card (NRC)
- 2. Certified Copies of three Latest Payslips
- 3. Salary Analysis Sheet
- 4. Stamped copy of Previous Month's Bank Statement
- 5. Valid Quotation from Vendor
- 6. Pre-signed and undated "STOP ORDER" instruction
to your bank where you hold salary account

Loan Amount Applied:

Total Cost of Device	<input type="text"/>
Asset Insurance	<input type="text"/>
Credit Life Assurance	<input type="text"/>
Less Advance Payment	<input type="text"/>
Loan Amount Applied for	<input type="text"/>
Tenure	<input type="text"/>

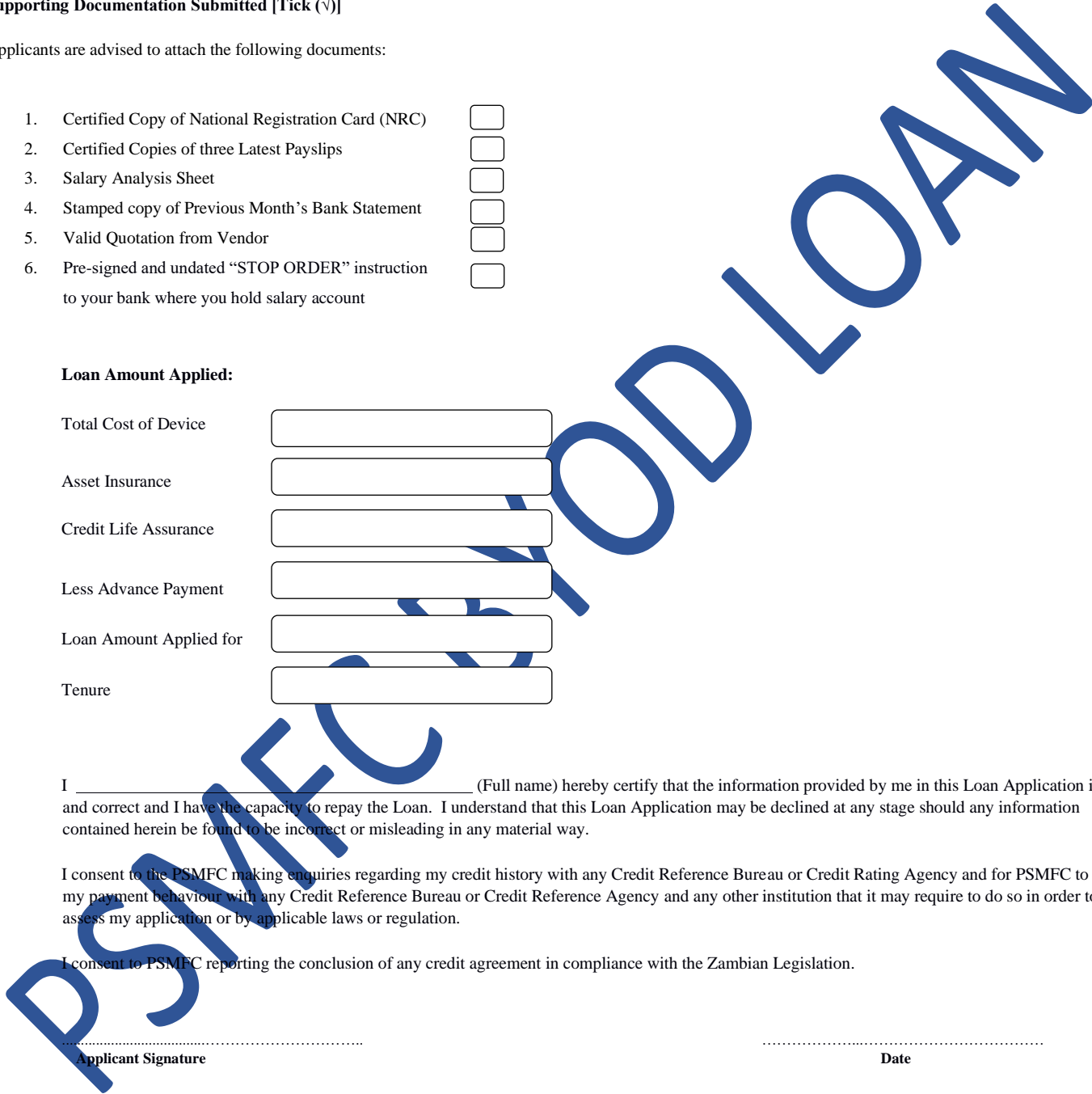
I _____ (Full name) hereby certify that the information provided by me in this Loan Application is true and correct and I have the capacity to repay the Loan. I understand that this Loan Application may be declined at any stage should any information contained herein be found to be incorrect or misleading in any material way.

I consent to the PSMFC making enquiries regarding my credit history with any Credit Reference Bureau or Credit Rating Agency and for PSMFC to share my payment behaviour with any Credit Reference Bureau or Credit Reference Agency and any other institution that it may require to do so in order to assess my application or by applicable laws or regulation.

I consent to PSMFC reporting the conclusion of any credit agreement in compliance with the Zambian Legislation.

.....
Applicant Signature

.....
Date



PART 6

For Official Use Only

i. CREDIT RISK ASSESSEMENT OFFICER'S COMMENTS

Recommended / Declined

Amount Recommended

Tenure

Monthly Repayments:

Monthly Repayments

Effective Date

Comment:

Name: _____

Designation: _____

Signature: _____

Date: _____

ii. AUDIT, RISK AND COMPLIANCE DEPARTMENT FOR AUDIT

Pre Audit

Name: _____

Designation: _____

Date: _____

Comment:

Signature: _____

iii. CHIEF EXECUTIVE OFFICER / CHIEF FINANCIAL OFFICER / DIRECTOR OPERATIONS

Declined / Approved

Amount K _____

Tenure: _____

Comment:

Name: _____

Designation: _____

Signature _____

Date: _____