

EDUCATION LOAN FORM

MAXIMUM REPAYMENT PERIOD OF SIX MONTHS WITH 2.5% INTEREST REDUCING BALANCE

Name:

SURNAME

OTHER NAME

Coop Membership No:

Staff ID No:

Mobile No:

Office Ext. No:

Amount in word:

Amount (#):

Member's Bank Details:

Bank Account No:

Bank Name:

Signature:

Date:

FOR OFFICIAL USE ONLY

Approved by:

Comment:

Signature:

Date:

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