



GOVERNMENT EMPLOYEES MUTUAL SAVING FUND (GEMS)
IN PARTNERSHIP WITH
NATIONAL BUILDING SOCIETY (NBS)

GEMS FUND PERSONAL LOAN AGREEMENT

1. PERSONAL DETAILS

TITLE (MR, MISS, MRS, DR, PROF, ETC) _____ SURNAME ☐ MALE ☐ FEMALE

FIRST NAME _____ MAIDEN NAME _____ DATE OF BIRTH _____

ID NUMBER _____ PAYROLL/EC No. _____ NATIONALITY _____

CITIZENSHIP _____ MARITAL STATUS _____ PROFESSION _____

EMPLOYER/MINISTRY _____ NET SALARY _____ GROSS SALARY _____

OTHER SOURCES OF INCOME (Provide Proof) _____

PHYSICAL WORK ADDRESS _____

TIME AT CURRENT WORK ADDRESS _____ TIME AT PREVIOUS WORK ADDRESS _____

POSITION _____ EMPLOYMENT PERIOD _____ EMAIL _____

RESIDENTIAL ADDRESS _____

CITY _____ COUNTRY _____

HOME OWNERSHIP: OWN ☐ RENT ☐

PHONE NO.(H) _____ PHONE NO.(W) _____ CELL _____

SPOUSE DETAILS

FULL NAME OF SPOUSE _____ SPOUSE'S OCCUPATION _____

CELL _____ EMPLOYER _____

No. OF CHILDREN _____ No. OF DEPENDANTS _____

BANKING DETAILS

BANK_ NAME _____ ACCOUNT NUMBER _____ BRANCH _____

ANY ACCOUNTS WITH OTHER BANKS YES ☐ NO ☐

NEXT OF KIN (OTHER THAN SPOUSE)

NAME_____ SURNAME_____ RELATIONSHIP_____

RESIDENTIAL ADDRESS_____

PHONE NO.(H)_____ PHONE NO.(W)_____ CELL_____

2. LOAN DETAILS

PURPOSE OF LOAN _____ AMOUNT REQUIRED_____

1st REPAYMENT DATE_____ **Application Type** New ☐ Top- ☐

Loan Tenure 12 months ☐ 24 months ☐ 36 months ☐ Loan Balance if Top Up ☐

3. CURRENT BORROWINGS

<u>BANK/LENDER</u>	<u>AMOUNT BORROWED</u>	<u>MONTHLY INSTALMENT</u>	<u>ACCOUNT NUMBER</u>

HAVE YOU PREVIOUSLY BORROWED WITH OTHER BANKS YES ☐ NO ☐

. DECLARATION

5.1 I certify that all information given on this application and in support thereof is true and correct. I understand that should the information prove to be incorrect; the Fund/Society reserves the right to decline the application or call up the loan balance outstanding.

5.2 I undertake to provide all documents requested by Fund and to update all records in the event of change of any personal details.

5.3 I acknowledge that my attention has been drawn to the terms & conditions of the NBS Loan Facility and undertake to abide by these terms & conditions.

5.4 I acknowledge that the Fund has the right to call up loan if my account is not conducted satisfactorily.

5.5 I authorise the Fund to recover any outstanding amount of the loan from my terminal benefits or any other monies due to me.

SIGNATURE OF APPLICANT _____ DATE_____

FOR OFFICE USE ONLY

KYC DOCUMENTS ☐ 3 MONTHS SUBSCRIPTION CREDITS ☐ REPAYMENT TO NET INCOME ☐

CREDIT CHECKS DONE ☐

COMMENTS

PROCESSED BY: _____ SIGNATURE: _____

AUTHORISED BY: _____ SIGNATURE: : _____



OFFER LETTER

Lender:	Government Mutual Fund (GEMS)
Borrower:	
Account number	
Borrower's chosen <i>domicilium</i> (Address)	
Facility amount offered:	
Purpose:	
Tenure:	
Interest rate:	
Monthly Repayment	Total ZWL \$..... inclusive of capital, interest.
Facility fees and charges:	Loan Application fee of ZWL\$..... to be paid upfront.
Repayments start date	1 st day of the month immediately succeeding the month in which the first disbursement of the Facility is made.
Condition(s) Precedent to Draw down:	1. Signature by the Borrower of this Facility Letter, signifying his acceptance of all the terms and conditions outlined herein. 2. Deduction of the Borrower's loan obligation from employer's payroll 3. Written undertaking by the Borrower not to change payroll deduction arrangements for the duration of this facility. 4. Confirmation from the Salary Services Bureau that the monthly repayment instalments will be deducted at source.

SPECIAL CONDITIONS OF FACILITY

1. The loan facility is subject to approval on the condition that you satisfy the GEMS' qualifying criteria as defined in its policies and general conditions.
2. The loan repayment instalments shall be deducted directly from your payroll monthly.
3. The Fund reserves the right to change the payment method at any time during the tenure of the loan without any notice.
4. Any movement by yourself of source deduction arrangement shall constitute breach of this facility's conditions, and your entire loan shall immediately become due and payable.

GENERAL CONDITIONS OF FACILITY

- 1. This Facility is denominated in Zimbabwe Dollars and you must repay it in Zimbabwe Dollars. If you pay in any other currency, the Fund shall convert such currency to Zimbabwe Dollars using its spot exchange rate prevailing on the date you make the payment.
- 2. You must accept this offer within 14 days from the date hereof failing which this offer will lapse unless this period is extended by the consent of the Society in writing.
- 3. You accept that the Facility represents a line of credit and not a legal obligation to lend on the part of the Society.
- 4. Whilst NBS will manage the process, actual transmission of approved loan amounts will be done through SSB on behalf of GEMS.
- 5. Interest on the loan will be charged on the advanced loan amount and is calculated daily and recovered using the reducing balance method on the outstanding balance.
- 6. Should you default in making any payments on the due date thereof, the whole Facility shall become immediately due and payable.
- 7. The Fund will advise you within 30 days of any change in minimum lending rate, applicable interest and/or default interest rates, charges, or fees by publication of a notice in a local or national newspaper or by a notice at its branches in Zimbabwe or by statement messaging. You understand and agree that the Fund is not obliged to obtain your signature for receipt of such communication. Within 14 days of change the Fund shall confirm the change.
- 8. The Fund may affect any necessary currency conversion using the prevailing exchange rate.
- 9. You agree to receive notices and any court process at your chosen address specified in the Special Conditions table above.
- 10. Should you leave your present employer, the Fund will collect outstanding loan balances from your terminal benefits.
- 11. All amounts received by the Fund will be first apportioned towards overdue interest, charges, and interest. Any balance left thereafter will be appropriated lastly towards principal. The Fund reserves the right to refuse acceptance of post-dated cheques or such other instruments towards payment or settlement of the credit facility.
- 12. No forbearance, neglect, or waiver by the Fund in the enforcement of any of these terms and conditions shall prejudice the Funds right thereafter to strictly enforce the same.
- 13. No waiver by the Fund shall be effective unless it is in writing. In the event of any dispute, you consent to the jurisdiction of the Magistrates Courts, irrespective of the amount involved.

ACCEPTANCE

I, the undersigned, hereby accept the offer of a Personal Loan, on the terms and conditions quoted herein and authorize the Fund to pay application charges in relation to this facility.

Signed aton month of20.....

FULL NAME(S) & SIGNATURES (S)

NamesDATE

SignaturesDATE

_____ In the presence of the undersigned witnesses

FULL NAME(S) & SIGNATURES

1.....DATE

2.....DATE

The Manager,
Salary Service Bureau,
P.O. Box CY 507,
Causeway.

TY 30
'A' SET

Date-stamp

ALLOWANCE/DEDUCTION CHANGE

(Separate form for acting allowance)

(Read coding instructions and notes on the reverse before completing this form)

Please give effect to the following allowance/deduction.

Type of allowance/deduction

(delete inapplicable)

Name	(Ministry/Department)	(Min./Dept. number)
------	-----------------------	---------------------

New	Change	Cease	Non-recurring	if deduction, to whom it is payable
-----	--------	-------	---------------	-------------------------------------

TICK WHICHEVER IS APPLICABLE

(Shade blocks for SSB use)

Card type	Section	Subsection	Employee code number	C/D	Complete EC number and check digit blocks 8-15
2 0					
1 2	3 4	5 7	8 14	15	

Action type	All/Ded. code	This line, blocks 16-21, to be completed by Salary Service Bureau
0		
16 17	18 21	

Amount: non-recurring	AMOUNT: ONE TIME PAYMENT/DEDUCTION Complete blocks 22-27
22 27	

Monthly rate	AMOUNT: RECURRING MONTHLY RATE Complete blocks 28-33
28 33	

From date	START DATE: Complete blocks 35-40
35 40	

To date	END DATE: Complete blocks 41-46
41 46	

Post office No. + POSB book No./reference No.	REFERENCE NUMBER (DEDUCTIONS ONLY) (Start from left and complete as necessary)
47 58	

AUTHORIZED/APPROVED BY (PSC approval ref. dated) (where applicable)

Applicant (where applicable)

Date

Head of ministry/department

Date

(delete inapplicable)