

Personal Information			
Name:			
Account No.:		Contact No.:	
Address:			
Terms:			
Installment Amount:\$			
Please select one option for each of the following:			
Tenure:	6 Months <input type="checkbox"/>	12 Months <input type="checkbox"/>	18 Months <input type="checkbox"/> 24 Months <input type="checkbox"/>
Payment Frequency:	Monthly <input type="checkbox"/>		
Method of Payment:	Standing Order <input type="checkbox"/>	Salary Deduction <input type="checkbox"/>	Over the counter <input type="checkbox"/>
Conditions:			
1. Interest Payment payable upon maturity 2. Members are permitted one (1) missed installment per contract. 3. Late payment is considered a missed payment, once the month has ended 4. Early closure/draw before maturity will result in a termination of the plan and interest penalty 5. Closure after 3 months will result in no interest payment. 6. Members will be allowed a full draw, or a part thereof, by way of a loan halfway in the payment of the Partner Plan. (Conditions apply)			
Members Signature:			
_____ Signature		_____ Date:	
Official Use			
Partner Plan Certificate No.:		Date contract Opened:	
_____ Teller Signature		_____ Supervisor Signature:	