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Subject/Title:	Payment plan agreement	Effective Date:	August 2025

PAYMENT PLAN AGREEMENT

Please use block letters.

Student's Name: _____ Membership No: _____

Address: _____

Email: _____

Work Number: _____ Mobile: _____

I, the undersigned student, agree to make payments on the specified dates and the agreed amounts stated on the payment schedule below to BIBF. This document is the complete agreement on this debt. Any amendment requires mutual written agreement.

The total amount shall be paid in five (5) instalments, each by the last calendar day of each successive month.

Interest & Penalties

- If defaulted, interest on the outstanding balance at 10% p.a., calculated monthly, from signing until full repayment.
- If any instalment is unpaid after 5 working days after the end of the month, the entire outstanding amount becomes immediately due.

Costs & Recovery

- Debtor is liable for all recovery costs, including legal, tracing/enforcement, and court fees.

Payment Method

Direct Debit ☐

EFT ☐

Swipe ☐

Total amount owed

Payment Plan

Date	Payment Amount
Total to be paid:	

I agree that the above schedule of payments is an acceptable resolution to help retire my debt with BIBF, and I remain current with this payment plan.

I understand the consequences that will be brought against me if the contract is violated.

I confirm that this AOD contract was signed under no duress, full consciousness, and I have the intention to repay.

Student's name: _____ Signature: _____

Date: _____

BIBF BANKING DETAILS:

Bank: Absa Bank Botswana Limited
Branch: Mall Branch
Current Account: 2735561
Branch Code: 290167
Swift Code: BARCBWGX

FOR OFFICE USE ONLY:

Payment Date	Receipt Number	Payment Amount	Interest	Balance