

TEK CO-OPERATIVE CREDIT UNION LTD LOAN APPLICATION FORM

TO THE LOANS COMMITTEE PART 1	LOAN NO
Staff No	Pass Book No
1. Name	
2. Occupation Dep't/Section	on/H/NO
3. Gross Monthly Salary GH¢	
4. All monthly deductions from salary amount to GH¢	
5. Attach current salary slip to this form. No of loans on	pay slip
6. Total savings with the union to date amount to GH¢	
7. Which of the scheme do you belong to GUSSS/SSF/P.F	-UND (Tick the appropriate one?)
8. Length of service with KNUSTDate	e of birth
9. I shall be grateful if you authorize the grant of GH¢	
(Amount in words)	
10. I desire the loan for the following purpose :(explain	fully)
11. If my application is granted, I agree that the loan sha	III be recovered from my monthly salary in
Month's installment together with interest ca	lculated 2% per month on diminishing balance.
12. I promise that if for any reason, recovery of any of the	ne monthly installments is omitted by the
Finance officer, I shall immediately effect payment of the which the union could recover the amount from the follows:	
13. Form filled in by	Date
14.Contact No HomeMobileMobile	Work place

PART 2

(To be completed by Guarantors or co-signers where applicable)

I/ We the undersigned member(s) of TEK CO-OPERATIVE CREDIT UNION LTD. Do here guarantee the above loan and any interest payable thereon as indicated below.

(Signature or RTP of Applicant)

	GUARANTOR(S) NAME	PASSBOOK NO	AMOUNT GUARANTEE	SIGN OR RTP
1				
2				
3				

PART 3

FOR OFFICE USE ONLY

Applicant's shares to date amount GH¢					
Present savings deduction per month GH¢.					
Applicant's savings to date amount GH¢					
Present loan deduction per month GH¢					
Indebtedness to the union GH¢					
Date of last loan collected	Amount to GH¢				
(IF NONE NIL)					
Date	Signature				
(To be completed by loans committee, if lo of the President/Treasurer is sufficient)	an is fully secured by the applicant's own savings the approval				
	l loans committee members of TEK CO-OPERATIVE CREDIT prove the payment of the above loan to the applicant.				
Name	Signature				
Name	Signature				
Name	Signature				
Name	Signature				
Treasurer's signature	Date				
(If loan is not approved, please state reason					
(Signature loan's committee chairman)					
PART 4					
INSURANCE OF L	OANS (Risk Management Insurance)				
I agree that the above loan be insured und	er the risk management scheme				
Insurance fee GH(

PART 5

DECLARATION BY THE GURANTOR(S)

I/We,							
promise to pay back all the money (principal and interest) accrued should the applicant fail to							
pay in full the amount granted. In case of default in repaying the loan as contracted, legal action							
should be taken against me/us.							
Sign:	Sign:	Sign:					
Date:	Date:	Date:					
Contact:	Contact:	Contact:					
ACKNOWLEDGEMENT OF RECEIPT							
Name		Signature/thumbprint					
Amount Chit		Data					