

## TEK CO-OPERATIVE CREDIT UNION LTD LOAN WITHIN SAVINGS APPLICATION FORM

TO THE LOANS COMMITTEE	LOAN NOPART 1
Staff No	Pass Book No
1. Name	
2. Occupation	Dep't/Section/H/NO
3. Gross Monthly Salary GH¢	
4. All monthly deductions from salary am	ount to GH¢
5. Attach current salary slip to this form.	No of loans on pay slip
6. Total savings with the union to date an	nount to GH¢
7. Which of the scheme do you belong to	GUSSS/SSF/P.FUND (Tick the appropriate one?)
8. Length of service with KNUST	Date of birth
9. I shall be grateful if you authorize the $\epsilon$	grant of GH¢
(Amount in words)	
<b>.</b>	pose :( explain fully)
11. If my application is granted, I agree th	nat the loan shall be recovered from my monthly salary in
Month's installment together v	with interest calculated 1% per month on diminishing balance.
12. I promise that if for any reason, recov	very of any of the monthly installments is omitted by the
•	payment of the amount involved to the treasurer, failure to nt from the following month from my salary.
13. Form filled in by	Date
14.Contact No Home	.MobileWork place
	ture or RTP of applicant)

## 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.

	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 GF	1¢				
Present loan deduction per month GH¢ Indebtedness to the union GH¢					
					Date of last loan collectedAmount to GH¢
(IF NONE NIL)					
Date	Signature				
(To be completed by loans committee of the President/Treasurer is sufficient	, if loan is fully secured by the applicant's own savings the approval t)				
	gned loans committee members of TEK CO-OPERATIVE CREDIT of approve the payment of the above loan to the applicant.				
Name	Signature				
Name	Signature				
Name	Signature				
Treasurer's signature	Date				
(If loan is not approved, please state r	easons)				
	<u></u>				
	PART 4				
INSURANCE	OF LOANS (Risk Management Insurance)				
I agree that the above loan be insured under the risk management scheme					
ACH	KNOWLEDGEMENT OF RECEIPT				
Name	Signature/thumbprint				
Amount Gh¢:	Date				