SUNYANI AREA TEACHERS' CO-OPERATIVE CREDIT UNION LIMITED

SOFT LOAN APPLICATION FORM

NAME OF APPLICANT……

ACCOUNT NO……

ADDRESS……

HOUSE NO…….. TEL NO……..

MARITAL STATUS…….. NO. OFDEPENDANTS……

AMOUNT REQUIRED. GHC……

AMOUNT IN WORDS……

PURPOSE OF LOAN……

REPAYMENT: ONE MONTH (1) ☐ TWO MONTHS (2) ☐

E PAY-SLIP

USER NAME (STAFF ID)…….
PASSWORD……..

I HEREBY AGREE TO THE ABOVE CONDITIONS FOR THE SOFT LOAN

SIGNATURE OF APPLICANT……DATE……