



SUNYANI AREA TEACHERS' CO-OPERATIVE CREDIT UNION

LOAN APPLICATION FORM

SATCCU

REGD. No. BAR/P/FC/16
CUAAFF No. B/A/R -277
P. O. BOX 821
SUNYANI, BONO REGION

Passport size
Picture

Colored photo copy of ID card
(Front)

Colored photo copy of ID card
(back)

NAME OF APPLICANT:.....

STAFF IDMEMBERSHIP No:.....

OCCUPATION:.....SEX:.....

CONTACT ADDRESS:.....LANDMARK.....

DATE OF BIRTH:.....AGE:.....

TEL No. (S):.....HOUSE No.:.....

MARITAL STATUS:.....No. OF DEPENDANTS:.....

ID TYPE: GHANA CARD ☐ VOTER'S ID ☐ PASSPORT ☐ DRIVER'S LICENCE ☐

ID NOISSUE DATE.....EXPIRY DATE.....

NET SALARY/INCOME:.....

E-PAYSLIP: MANDATE No.....PIN.....PASSWORD.....

BANK DETAILS:

BANK NAME.....BRANCH.....

CUSTOMER BANK ACCOUNT NUMBER.....

AMOUNT REQUIRED: GH¢..... (IN WORDS).....

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PURPOSE FOR THE LOAN (Tick as Appropriate)

PROVIDENT	AGRICULTURAL	BUSINESS
a. Food	a. Fertilizer	a. Tailoring
b. School Fees	b. Livestock	b. Liquidity Supply
c. Medical	c. Poultry	c. Trading
d. Funeral	d. Farming	d. Transport
e. Housing	e. Equipment	e. Others

Write the purpose if not included in the above:.....

(Please attach a copy of your most current pay slip and other necessary documents)

CURRENT LEDGER BALANCES

SHARES	SAVINGS	LOANS (S)	SPECIAL DEPOSIT
GH¢.....	GH¢.....	GH¢.....	GH¢.....

REPAYMENT TERMS (Tick as Appropriate)

DAILY:..... WEEKLY:..... MONTHLY:.....
NUMBER OF INTALMENTS:..... AMOUNT:.....
INTEREST RATE:.....

I agree to pay an interest rate of 4% per month on the unpaid balance through Controller and Accountant General Department or 3% by cash.

In case payment is not made at maturity, penalty not exceeding 5% of the loan outstanding shall be charged after each month of default.

HEAD OF DEPARTMENT:.....
ADDRESS:..... TEL. NO.....
SIGNATURE AND STAMP:..... DATE:.....

NAME OF GUARANTOR (On Govt. Payroll).....
STAFF No. PASSBOOK No.....
ADDRESS:..... LANDMARK..... TEL.No.....
E-PAYSLIP: MANDATE No..... PIN..... PASSWORD.....
AMOUNT GUARANTEED GH¢.....
SIGNATURE:..... DATE:.....

NAME OF GUARANTOR (On Govt. Payroll).....
STAFF No..... TEL. NO..... PASSBOOK NO.....
ADDRESS:..... LANDMARK.....
E-PAYSLIP: MANDATE No..... PIN..... PASSWORD.....
AMOUNT GUARANTEED GH¢.....
SIGNATURE:..... DATE:.....

DECLARATION

I declare that the above information is true to the best of my knowledge and agree to abide by the bye-laws of the Credit Union.

NB: The above guarantors will be liable for the payment of the loan if the applicant fails to pay or defaults

Signature of Applicant:..... Date:.....

LOAN COMMITTEE 'S ACTION (For office use only)

1. Amount applied for GH¢.....Interest Rate:.....
2. Application Approved/Rejected
- a. Amount Approved GH¢.....
- b. Maximum Repayment Period:.....
- c. If Rejected:.....
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SIGNATURE OF LOANS COMMITTEE MEMBERS/OFFICERS APPROVING LOAN

1. Chairman's Name:.....Signature:.....Date:.....
2. Secretary's Name:.....Signature:.....Date:.....
3. Member's Name:.....Signature:.....Date:.....
4. Manager's Name:.....Signature:.....Date:.....

MANAGER / OFFICER'S COMMENT

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BOARD OF DIRECTORS APPROVAL AND COMMENT (LOANS REFER TO BOD ONLY)

- Amount Applied for GH¢.....Interest Rate:.....
- . Application Approved/Rejected
- a. Amount Approved GH¢.....
 - b. Maximum Repayment Period:.....
 - c. If Rejected:.....
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SIGNATURE OF BOARD OF DIRECTORS

1. Name:.....Signature:.....Date:.....
2. Name:.....Signature:.....Date:.....
3. Name:.....Signature:.....Date:.....
4. Name:.....Signature:.....Date:.....

AGREEMENT OF BORROWER

I hereby agree to the above terms and conditions for the loan.

NAME OF RECEIVER.....SIGNATURE.....DATE.....