

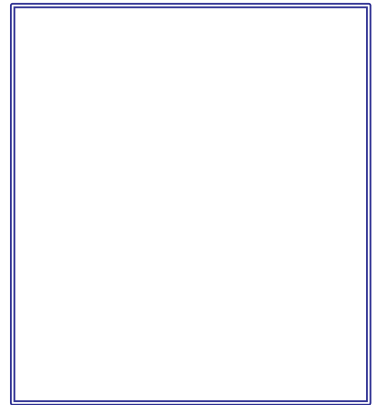
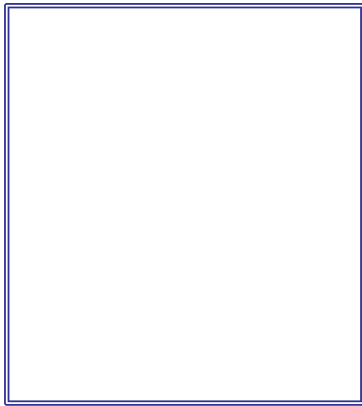


No.: 000000

EMMANUEL CO-OPERATIVE CREDIT UNION LTD

BUSINESS LOAN APPLICATION FORM

BUSINESS LOAN APPLICATION FORM



[FILL IN BLOCK LETTERS]

A. DIRECTOR'S DETAILS

Full name:

.....

Date of Birth:

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Residential Address / House no:

.....

Nearest Landmark:.....

GPS Address:

Current city:

Home Town:

Contact Number: (+233) _ _ _ _ _

(+233) _ _ _ _ _ / (+233) _ _ _ _ _

Email Address:.....

ID Type:.....ID Number:.....

Marital Status:

Single

Married

Widowed

Divorced

Profession/Occupation:.....

Full name:

.....

Date of Birth:

--	--	--

Residential Address / House no:

.....

Nearest Landmark:.....

GPS Address:

Current city:

Home Town:

Contact Number: (+233) _ _ _ _ _

(+233) _ _ _ _ _ / (+233) _ _ _ _ _

Email Address:.....

ID Type:.....ID Number:.....

Marital Status:

Single

Married

Widowed

Divorced

Profession/Occupation:.....

B. LOAN INFORMATION

Branch:.....
Account No.:
Account Name:
Amount Requested (GH¢):..... In Words:
.....
Preferred Loan Tenure:.....(Months)

C. BUSINESS INFORMATION

Business Name
.....
Location:.....
Is the business registered? Yes / No
Business Registration Number:.....
TIN Number:.....
Business Ownership:
[] Limited Liability
[] Sole Trader
[] Partnership
[] Other (State) _____
Sales per Month: GH¢
Other Business Expenses/Month: GH¢.....
Net Monthly Business Profit: GH¢
Total Business Assets Value: GH¢

Application Date:

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Disbursement Date:

--	--	--

BANK NAME: _____

ACCOUNT NUMBER.
.....

D. LOANS WITH OTHER FINANCIAL INSTITUTIONS

Have you taken any loan(s) from any financial institution?
Yes/No
If Yes, Which Bank?.....
When was it taken? (Year).....
Loan Balance Outstanding.....
Monthly repayment amount(GHs.).....
Loan Expiry date

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E. ECCU FINANCIAL HISTORY

Savings Balance: GH¢.....
Shares Balance: GH¢.....
Existing Loan Balance: GH¢
Monthly Repayment: GH¢.....

F. SECURITY / COLLATERAL

Security Type Offered:

[] Physical Collateral

Collateral Details

Type: [] Land [] Building [] Vehicle

[] Other: _____

Estimated Value: GH¢.....

Description of Asset:.....

Location of Asset:.....

Title Deed No. _____

Vehicle Registration No. _____

G. DECLARATION

Applicant's Declaration

I hereby declare that the information provided in this application is true and correct to the best of my knowledge. I understand that any false information may lead to the rejection of my application or immediate recall of the loan. I agree to abide by the ECCU Bye-Laws, Loan Policy, and the decisions of the Loans Committee. I agree to pay the applicable interest rate and charges. I authorize ECCU to verify all information provided and to conduct any necessary background checks.

Applicant's Signature: _____

Applicant's Signature: _____

Date:

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Policy Compliance Declaration

I/We confirm that this application has been pre-screened and meets the basic eligibility criteria for the selected loan product as per the ECCU Loan Policy.

Loan Officer's Name: _____

Signature: _____ Date:

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H. OFFICE USE ONLY - APPRAISAL & APPROVALS

Loan Officer's Assessment & Recommendation

Recommended Product: _____

Recommended Amount: GH¢ _____

Recommended Tenure: _____ (Months)

Justification & Risk Comments:

Name: _____

Signature: _____ Date:

--	--	--

Branch Head / Head of Loans Assessment

Comments & Recommendation:

Name: _____

Signature: _____ Date:

--	--	--

General Manager's Assessment

Comments & Final Recommendation:

Name: _____

Signature: _____ Date:

--	--	--

LOANS COMMITTEE

Approved

Partially Approved

Declined

Approved Amount:GH¢_____

Interest Rate: _____% Term: _____(Months)

Special Conditions (If any):

Name of Chairman:_____

Signature: _____ Date:

--	--	--

Name of Secretary:_____

Signature: _____ Date:

--	--	--

Name of Chairman:_____

Signature: _____ Date:

--	--	--

BOARD APPROVAL

Approved

Partially Approved

Declined

Approved Amount:GH¢_____

Interest Rate: _____% Term: _____(Months)

Special Conditions (If any):

Name of Chairman:_____

Signature: _____ Date:

--	--	--

Name of Secretary:_____

Signature: _____ Date:

--	--	--

Name of Chairman:_____

Signature: _____ Date:

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Ghana Co-operative Credit Unions Association (CUA) Ltd.

CUA RISK MANAGEMENT PROGRAMME

P. O Box 12148, Accra-North

Tel: (233) -0302-220-299 / -0302-250-885 / -0243-590200

Email: info@cuagh.com Website: www.cuagh.com

.....
NAME OF COOPERATIVE CREDIT UNION

SHORT APPLICATION FORM 1

LOAN POLICY COVER APPLICATION (HEALTH DECLARATION) FORM

(THE LOAN PROTECTION PLAN (LPP) PROVIDES DEATH AND DISABILITY BENEFITS IN THE EVENT OF INSURED'S DEATH OR DISABILITY, RESPECTIVELY)

Name _____ Account No. _____

Date of Birth _____ / _____ / _____ Tel. # _____
DD MM YR Age _____

Occupation _____ Sex _____

Marital Status Married Single Widowed Divorced

Beneficiary _____ Relationship _____ Age _____

Address of Beneficiary _____ Tel. # _____

1. Please, at present do you confirm that you are in good health and actively performing the usual duties of your occupation? Yes No
2. At present are you aware of or have you received advice from your Doctor that you are suffering from any illness? If yes, please specify (for quality amount above GH¢10,000.00) Yes No

NOTE: IF QUESTION 2 IS ANSWERED 'YES' THEN THE LONG APPLICATION FORM (2) MUST BE COMPLETED AND SUBMITTED TO CUA LTD.; IF ONLY THE AMOUNT IN FORCE EXCEEDS GH¢10,000.00 IN SUCH A CASE COVERAGE WILL NOT TAKE EFFECT UNTIL APPLICATION IS APPROVED BY CUA LTD.

I declare that to the best of my knowledge I am in good health and am able to perform the normal activities in the pursuit of my livelihood.

I declare that the above answers are true and complete and have been given by me and I do hereby agree that they shall form the basis of my proposed coverage.

I further agree that CUA Ltd. shall not be liable for any claim on account of any illness, injury or death the cause of which was known prior to application for coverage but was withheld or concealed in the above statement.

Herewith, I also give consent and authorization to CUA Ltd. to seek any information from any doctor who has ever attended to me and from any life assurance office to which a proposal on my life was made.

I understand that disqualification from coverage will entitle me only for refund of premiums.

_____/_____/_____
APPLICANT'S SIGNATURE DATE

WITNESS _____ / _____ / _____
LOAN OFFICER/OFFICE MANAGER DATE

NOTE: THIS APPLICATION FORM WILL ALWAYS BE COMPLETED AT THE TIME OF APPLICATION FOR COVERAGE BUT SHOULD BE SUBMITTED TO CUA LTD. TOGETHER WITH LONG APPLICATION FORM 2 ONLY IF QUESTION 2 IS ANSWERED 'YES' AND FILING FOR A CLAIM.



EMMANUEL CO-OPERATIVE CREDIT UNION LTD.

LOAN DISBURSEMENT FORM

PAYEE	DAY	MONTH	YEAR	MODE OF PAYMENT	
				CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>
ACC. NO.	REPAYMENT PLAN				
TEL. NO.	RECURRENCE/ TIME PATTERN		WEEKLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	
LOCATION	INTEREST METHOD		FLAT RATE <input type="checkbox"/>	REDUCING BAL <input type="checkbox"/>	

TYPE OF LOAN	BANK DETAILS		AMOUNT	
	BANK	CHEQUE NO.	GH¢	Gp
BUSINESS LOAN (NEW) <input type="checkbox"/>				
BUSINESS LOAN (TOP UP) <input type="checkbox"/>				
Payable in.monthly/weekly instalments	TOTAL			
AMOUNT IN WORDS:				

CHECKED AND AUTHORISED BY

CASHIER:.....	MANAGER/OFFICER:.....
SIGNATURE.....DATE.....	SIGNATURE.....DATE.....

CHECKED AND AUTHORISED BY

RECEIVED IN PAYMENT OF THE ABOVE ACCOUNT THE SUM OF (in word)
..... Ghana CedisGhana pesewas
AMOUNT GHS.....MEMBERS SIGNATURE/ THUMB PRINTDATE.....