



No.: 000000

EMMANUEL CO-OPERATIVE CREDIT UNION LTD

PERSONAL LOAN APPLICATION FORM

PERSONAL LOAN APPLICATION FORM



[FILL IN BLOCK LETTERS]

A. PERSONAL 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

Occupation:.....

Next of Kin Details

Name:.....

Relationship:.....

Residential / House no.:.....

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

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

B. LOAN PRODUCT SELECTION & BASIC DETAILS

Loan Product Applied For: (Tick One)

Member Loan Micro Deposit Loan

Branch:.....

Account No.:

Account Name:

Amount Requested (GH¢):..... In Words:

.....

Preferred Loan Tenure:.....(Months)

Loan Purpose:.....

Application Date:

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Disbursement Date:

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C. FINANCIAL INFORMATION & CAPACITY ASSESSMENT INCOME DETAILS

Net Monthly Salary : GH¢

Average Monthly Business Income (For Self-Employed):

GH¢.....

Other Monthly Income (Specify Source):

GH¢.....

Source:.....

Total Monthly Income: GH¢.....

BANK NAME: _____

ACCOUNT NUMBER.
.....

G. DECLARATIONS & AGREEMENTS

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: _____

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 Amount: GH¢ _____

Recommended Tenure: _____ (Months)

Justification & Risk Comments:

Name: _____

Signature: _____ Date:

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Branch Head Assessment

Comments & Recommendation:

Name: _____

Signature: _____ Date:

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Head of Credit Assessment

Comments & Final Recommendation:

Name: _____

Signature: _____ Date:

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General Manager's Assessment

Comments & Final Recommendation:

Name: _____

Signature: _____ Date:

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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:

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BOARD APPROVAL

Approved

Partially Approved

Declined

Approved Amount:GH¢_____

Interest Rate: _____% Term: _____(Months)

Special Conditions (If any):

Name of Chairman:_____

Signature: _____ Date:

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Name of Secretary:_____

Signature: _____ Date:

--	--	--

Name of Chairman:_____

Signature: _____ Date:

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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
MEMBER LOAN (NEW) <input type="checkbox"/>				
MEMBER LOAN (TOP UP) <input type="checkbox"/>				
SUSU LOAN <input type="checkbox"/>				
STAFF LOAN <input type="checkbox"/>				
SALARY ADVANCE <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.....