

EMMANUEL CO-OPERATIVE CREDIT UNION LTD

COMPASSIONATE SUPPORT LOAN (FUNERAL) APPLICATION FORM



**COMPASSIONATE SUPPORT LOAN (FUNERAL)
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

Relationship to Deceased:.....

Full Name of Deceased:.....

Date of Death...../...../.....

Expected Funeral Date...../...../.....

Place of Death (Town/Village):.....

Hospital/Death Cert. No:.....

State Primary Use of

Funds:.....

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 above is true and correct. I understand that this **Compassionate Support (Funeral) Loan** is subject to the following terms:

1. **Interest Rate:** 5 % flat rate per month on the principal amount.
2. **Fees:** A Loan Processing Fee of 2.0 % and a Loan Protection Fee of 1.5 % will be deducted before disbursement.
3. **Security:** An automatic lien is placed on my savings and shares with ECCU. I have provided a guarantor as required.
4. **Use of Funds:** I undertake to use this loan primarily for the funeral expenses of the deceased named above.
5. **Repayment:** I agree to repay the loan in monthly installments as agreed, understanding that failure to do so will lead to the enforcement of the loan recovery procedures of ECCU.

I authorize ECCU to verify all information provided.

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 Chairperson: _____

Signature: _____ Date:

--	--	--

Name of Secretary: _____

Signature: _____ Date:

--	--	--

Name of member: _____

Signature: _____ Date:

--	--	--

BOARD APPROVAL

Approved

Partially Approved

Declined

Approved Amount:GH¢ _____

Interest Rate: _____% Term: _____(Months)

Special Conditions (If any):

Name of Chairperson: _____

Signature: _____ Date:

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Name of Secretary: _____

Signature: _____ Date:

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Name of member: _____

Signature: _____ Date:

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EMMANUEL CO-OPERATIVE CREDIT UNION LTD.

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
FUNERAL LOAN (NEW) <input type="checkbox"/>				
Payable in.monthly/weekly instalments	TOTAL			
AMOUNT IN WORDS:				

CHECKED AND AUTHORISED BY

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