

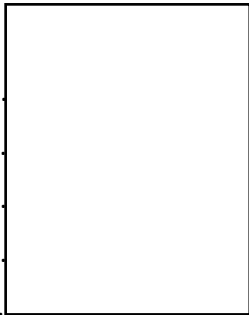
# EMMANUEL CO-OPERATIVE CREDIT UNION LTD

## GROUP LOAN APPLICATION FORM



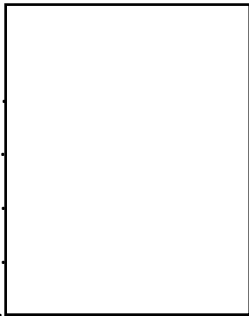
SURNAME: ..... OTHER NAME(S): .....  
RESIDENTIAL ADDRESS:.....  
..... DATE OF BIRTH: ...../...../.....  
CONTACT NUMBER(S)..... / .....  
OCCUPATION / PROFESSION: .....  
HOME TOWN: ..... ID TYPE..... ID NUMBER.....  
MARITAL STATUS: MARRIED  SINGLE  WIDOWED  DIVORCE   
NAME OF SPOUSE: ..... TEL. NO.....  
RESIDENTIAL ADDRESS:.....  
NEXT OF KIN: ..... RELATIONSHIP: .....  
RESIDENTIAL ADDRESS OF NEXT OF KIN:.....  
..... TEL. NO. OF NEXT OF KIN.....  
POSITION IN GROUP: PRESIDENT  TREASURER  SECRETARY  MEMBER   
AMOUNT REQUIRED (IN FIGURES) GH¢..... NO. OF INSTALLMENTS: .....  
(IN WORDS):..... SAVINGS (GH¢).....  
PURPOSE OF LOAN: .....SIGNATURE/THUMBPRINT.....

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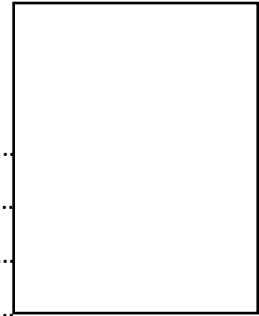


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PURPOSE OF LOAN: .....SIGNATURE/THUMBPRINT.....

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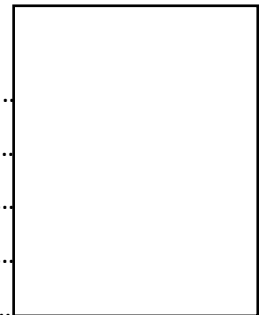


**INDIVIDUAL MEMBERS INFORMATION**



SURNAME: ..... OTHER NAME(S): .....  
RESIDENTIAL ADDRESS:.....  
.....DATE OF BIRTH: ...../...../.....  
CONTACT NUMBER(S)..... / .....  
OCCUPATION / PROFESSION: .....  
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AMOUNT REQUIRED (IN FIGURES) GH¢..... NO. OF INSTALLMENTS: .....  
(IN WORDS):.....SAVINGS (GH¢).....  
PURPOSE OF LOAN: .....SIGNATURE/THUMBPRINT.....

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.....DATE OF BIRTH: ...../...../.....  
CONTACT NUMBER(S)..... / .....  
OCCUPATION / PROFESSION: .....  
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AMOUNT REQUIRED (IN FIGURES) GH¢..... NO. OF INSTALLMENTS: .....  
(IN WORDS):.....SAVINGS (GH¢).....  
PURPOSE OF LOAN: .....SIGNATURE/THUMBPRINT.....

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**INDIVIDUAL MEMBERS INFORMATION**

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RESIDENTIAL ADDRESS:.....  
 .....DATE OF BIRTH: ...../...../.....

CONTACT NUMBER(S)..... / .....

OCCUPATION / PROFESSION: .....

HOME TOWN: ..... ID TYPE.....ID NUMBER.....

MARITAL STATUS: MARRIED  SINGLE  WIDOWED  DIVORCE

NAME OF SPOUSE: .....TEL. NO.....

RESIDENTIAL ADDRESS:.....

NEXT OF KIN: ..... RELATIONSHIP: .....

RESIDENTIAL ADDRESS OF NEXT OF KIN:.....  
 .....TEL. NO. OF NEXT OF KIN.....

POSITION IN GROUP: PRESIDENT  TREASURER  SECRETARY  MEMBER

AMOUNT REQUIRED (IN FIGURES) GH¢..... NO. OF INSTALLMENTS: .....

(IN WORDS):.....SAVINGS (GH¢).....

PURPOSE OF LOAN: .....SIGNATURE/THUMBPRINT.....

**APPLICATION FORM B**

NO.	INDIVIDUAL NAME	INDIVIDUAL SAVINGS	REQUESTED AMOUNT	APPROVED AMOUNT	SIGNATURE/ THUMBPRINT
1					
2					
3					
4					
5					
<b>TOTAL</b>					<b>Cheque No.</b> .....
<b>SIGNATURE (LOANS OFFICER)</b> .....		<b>COMMENT:</b> ..... ..... .....			<b>SIGNATURE (BRANCH HEAD)</b> .....

**DECLARATION:** I/We declare that the above information is true to the best of my/our knowledge and agree to abide by the by-laws of the society, the loan policy and any variations set by the Management Committee and /or the Loans Committee. In case I/We fail to repay this loan within 16 or 24 weeks, I/We shall be liable to pay the collection expenses and fines of 10%per annum on unpaid loan balance.

Group President:..... Group Treasurer:..... Date:...../...../.....

**CLARATION & JOINT LIABILITY AGREEMENT**

We, the undersigned members of the \_\_\_\_\_ Group, hereby jointly and severally declare that:

1. The information provided is true and correct.
2. We understand and agree to abide by the **ECCU Bye-Laws, Loan Policy**, and the specific **Group Loan Terms**.
3. We accept **JOINT LIABILITY** for this loan. If any member fails to repay their share, the remaining members are fully responsible for covering the default to ensure full repayment to ECCU.
4. We agree to make **weekly repayments** at our group meetings. Failure to repay within the approved tenure will make us liable for collection expenses and a penalty of **10% per annum** on the unpaid balance.
5. We authorize ECCU to place a lien on our individual and collective savings and shares in case of default.

Group President Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Group Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICIAL USE ONLY  
ASSESSMENT & RECOMMENDATION**

**Loans Officer's Assessment**

**Group Viability Check:**  Pass  Fail  
**Savings Consistency:**  Satisfactory  Unsatisfactory  
**Previous Loan History (if any):**  Good  Poor  N/A  
**Site Visit / Business Verification Done?**  Yes  No

**Recommended Amount:** GH¢ \_\_\_\_\_ for \_\_\_\_\_  
Months

**Loans Officer's Assessment**

**Comments & Conditions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Loans Officer's Assessment**

Review Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation:  Approve  Modify  Decline

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

LOANS  Fully Approved  Partially  
COMMITTEE  
DECISION  Approved  Declined

Comments: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPROVAL AUTHORITY**

LOANS  Fully Approved  Partially  
COMMITTEE  
DECISION  Approved  Declined

Approved Group Loan Amount: GH¢ \_\_\_\_\_

Approved Tenure: \_\_\_\_\_ Months

Applicable Interest Rate: \_\_\_\_\_ % Flat

Weekly Instalment (Total): GH¢ \_\_\_\_\_

Special Conditions (if any):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Loans Committee Chairperson: \_\_\_\_\_ Signature:  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Loans Committee Secretary: \_\_\_\_\_ Signature:  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmed:  Yes  No

**DISBURSEMENT DETAILS**

Cheque /Transfer Voucher No.: \_\_\_\_\_

Date of Disbursement: \_\_\_\_/\_\_\_\_/\_\_\_\_

Disbursed By (Teller): \_\_\_\_\_  
Signature: \_\_\_\_\_

Witnessed By (Group Leader): \_\_\_\_\_  
Signature: \_\_\_\_\_

# GROUP LOAN DISBURSEMENT FORM

PAYEE <small>(GROUP NAME)</small>		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 BALANCE <input type="checkbox"/>	

S/N	INDIVIDUAL NAME	SAVINGS BALANCE (GH¢)	APPROVED AMOUNT (GH¢)	DISBURSED AMOUNT (GH¢)	SIGNATURE/ THUMBPRINT
1					
2					
3					
4					
5					
Payable in.....monthly/weekly instalments		TOTAL DISBURSED LOAN (GH¢)			
AMOUNT IN WORDS:					
<p><b>DECLARATION:</b> I/We declare that the above information is true to the best of my/our knowledge and agree to abide by the bye-laws of the society, the loan policy and any variations set by the Management Committee and /or the Loans Committee. In case I/We fail to repay this loan within 16 or 24 weeks, I/We shall be liable to pay the collection expenses and fines of 10% per annum on unpaid loan balance.</p>					
Signature/Thumbprint (Group President)		Signature/Thump (Group Treasurer)		Signature/Thum Group Secretary	
Cheque No.		Bank Name		Account Type	

*CHECKED AND AUTHORISED BY*

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