GHANA CO-OPERATIVE PHARMACISTS' CREDIT UNION LTD.
CORPORATE MEMBER LOAN APPLICATION FORM

PLEASE COMPLETE IN BLOCK LETTERS

BUSINESS DETAILS

Business Name

Registration Number

Business Address

Landmark

City

Email Address TIN

Phone/Mobile 1 Phone 2

Business Type

Ownership Type: Sole Proprietorship ☐ Public Company ☐ Private Company Partnership

Business Premises Type: Rented ☐ Owned ☐ Shared ☐

Years business has been in existence

DIRECTORS DETAILS

1. Title Mr. ☐ Mrs. ☐ Miss ☐ Others (please specify)

Name

Surname First Name Other Names

Designation Director ☐ Owner ☐ Partner ☐ Date of birth D D / M M / Y Y Y Y

Marital Status: Married ☐ Single ☐ Separated ☐ Divorced ☐

Nationality Tel/Mobile

E-mail

Residential Address
(No P.O. Box)

Landmark

City

Means of Identification: National ID

Card Issue Date D D / M M / Y Y Y Y Expiry Date D D / M M / Y Y Y Y

Identification Number

Spouse's Name

Spouse's Mobile TIN

2. Title Mr. ☐ Mrs. ☐ Miss ☐ Others (please specify)

Name

Surname First Name Other Names

Designation Director ☐ Owner ☐ Partner ☐ Date of birth D D / M M / Y Y Y Y

Marital Status: Married ☐ Single ☐ Seperated ☐ Divorced ☐

Nationality | Tel/Mobile

E-mail

Residential Address (No P.O. Box)

Landmark

City

Means of Identification: National ID ☐

Issue Date D D / M M / Y Y Y Y Expiry Date D D / M M / Y Y Y Y

Identification Number

Spouse's Name

Spouse's Mobile | TIN

LOAN DETAILS

Purpose of Loan

Description of goods to be financed

Loan Amount | Tenor of Loan

Security Tendered for Collateral

Corporate Account Number to Credit | Bank

EXISTING LOANS WITH GHANA CO-OPERATIVE PHARMACISTS' CREDIT UNION LTD./OTHER LENDERS

1. Name of Lender

Repayment Amount

Type of Loan

Expected Repayment Date D D / M M / Y Y Y Y

Repayment Frequency Weekly ☐ Monthly ☐ Quarterly ☐

Current Outstanding | Expected Payoff Date D D M M Y Y Y Y

2. Name of Lender

Account No. with other Bank | Repayment Amount

Type of Loan

Expected Repayment Date D D / M M / Y Y Y Y

Repayment Frequency Weekly ☐ Monthly ☐ Quarterly ☐

Current Outstanding | Expected Payoff Date D D M M Y Y Y Y

EMERGENCEY CONTACT DETAILS

Emergency Contact Name Contact

Address

Landmark City

E-mail | City

Mobile Number

Sex: Male ☐ Female ☐

CORPORATE LOAN APPLICATION FORM

BUSINESS LOAN PROTECTION PLAN

Name of Borrower Sum Assured

I/We irrevocably authorize the Insurance Company approved by the Finance Company to:

a. Obtain any information from any person whom the Insurer and/or the Finance Company deem necessary

b. Share information in any related policy or other documents with other insurers either directly or indirectly, as may be necessary.

c. Debit my account for the insurance premium covering the tenor of the facility and the premium shall be paid upfront. The information provided in this form is true, correct, and complete and will form the basis of this contract. The contract details will be contained in the summary of the cover provided under this policy and I hereby cede and assign to Ghana Co-Operative Pharmacists' Credit Union Ltd. all rights in this contract.

Borrower's Signature Borrower's Signature D D / M M / Y Y Y Y

DECLARATION

I/We hereby apply for a credit facility with Ghana Co-Operative Pharmacists' Credit Union Ltd. I/We have read and understood the Terms & Conditions in the Offer Letter, governing the structure of the facility granted by Ghana Co-Operative Pharmacists' Credit Union Ltd. I/We accept and agree to be bound by the Terms & Conditions and hereby accept my/our liability to Ghana Co-Operative Pharmacists' Credit Union Ltd. I/We understand that the Finance Company may, at its absolute discretion, terminate this loan agreement completely or partially for breach of any of the Terms & Conditions without any notice to me, at which point all outstanding obligations become due. I/We hereby declare that the information given is true and correct to the best of my/our knowledge.

Name

Surname First Name Other Name

Name

Surname First Name Other Name

Signature Signature D D / M M / Y Y Y Y

FOR OFFICIAL USE ONLY

APPROVED FACILITY TERMS

Facility Tenor

Periodic Repayment Amount (for Term Loan)

Approved Lending Rate (%)

First Date of Payment D D / M M / Y Y Y Y

DOCUMENTATION CHECKLIST

Proof of Identity of Directors:	Yes ☐	No ☐	Credit Bureau Check	Yes ☐	No ☐
Certificate of Incorporation:	Yes ☐	No ☐	Evaluation (Collateral Form)	Yes ☐	No ☐
Three Months Bank Statement:	Yes ☐	No ☐	Terms and Conditions Duly Signed	Yes ☐	No ☐
Address Verification - Utility Bill:	Yes ☐	No ☐	Other Copies of Company Documents	Yes ☐	No ☐
Collateral Value is 140% > Loan	Yes ☐	No ☐	Collateral Value G H c		

Description of address: .....

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Address Verified by: _____ Sign/Date: _____

Amount Approved

Processing Fee (2% of loan)

Loan Protection Plan (1% of loan)

Others

TO BE COMPLETED BY MANAGEMENT & OPERATION STAFF

1. Relationship Officer's Comment(s): .....

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   Name: ..... Sign: ..... Date:.....

2. Business Development Executive's Comment(s).....

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   Name: ..... Sign: ..... Date:.....

3. General Manager's Comment(s).....

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   Name: ..... Sign: ..... Date:.....

4. President's Comments/Ratification, if the loan is more than GH¢ 500,000.00.

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LOANS COMMITTEE MEMBERS

1. Chairman: …… Sign: …… Date: ……
2. Secretary: …… Sign: …… Date: ……
3. Member: …… Sign: …… Date: ……

Loans Committee Remarks: ……

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