

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

PLEASE COMPLETE IN E	BLOC	CK L	ETT	ERS																								
BUSINESS DETAILS		_	1	1	Т			·		·		·	Т			r												
Business Name	-																											
															<u> </u>													Щ
Registration Number																											Ш	
Business Address																												
Landmark																												
City																												
Email Address													TII	١														
Phone/Mobile 1													Ph	one	2													
Business Type																												
Ownership Type:	Sol	le P	ropi	ieto	orsh	ip			Pu	blic	Cor	npa	ny		P	riva	ate (	Com	ıpar	ıy			Pa	rtne	rsh	ip		
Business Premises Ty	pe:	Ren	ted				Ow	med	l			Sha	arec	d														
Years business has be	en ii	n ex	iste	nce																								
<b>DIRECTORS DETAILS</b>	<u>:</u>								`																			
1. Title	Mr			]	Mr	s.			Mis	SS		]	Oth	ers	(ple	ase s	pecif	y)										
Name																												
	Suri	name			_					_			Firs	t Nan	ne -						_			Oth	er Na	mes		
Designation	Dir	ect	or			Ow	ner	•		]	Pai	rtne	er		Da	ate c	of bi	rth	D	D	/	M	M	/	Y	Y	Y	Y
	Ma	ırita	l St	atus	S:	Ма	rrie	d			Sin	gle	_			Sep	para	ted				Div	orc	ed				
Nationality														Tel	/M	obil	e											
E-mail																												
Residential Address (No P.O. Box)																												
Landmark																												
City																												
Means of Identification	n:	Na	tion	al I	D																							
Card Issue Date	D	D	/	M	M	/	Y	Υ	Υ	Υ	]	Exp	piry	Dat	e	D	D	/	M	M	/	Y	Y	Y	Υ			
Identification Number																												
Spouse's Name																												
Spouse's Mobile												]	TIN	1														
2. Title	Mr			]	Mr	s.			Mis	SS		]	Oth	ers	(ple	ase s	pecify	7)										
Name													<u>.</u>															
		name			1					1				t Nam							•			Oth	er Na	mes		
Designation	Dir	ect	or	I	I	Oν	mer		l	l	Pai	rtne	r		D:	ate c	of hir	<b>⁺</b> h	D	D	/	M	Μ	/	Y	Y	Y	Y

	Mar		CL		7	V	الدادان			C:	1 -	- 1			C		]			ī	D:-				$\overline{}$	1
Nationality	Mar	ntai	Sta	itus:	<u> </u>	Marı	riea	╁	<u> </u>	51	ngle	] L	 Tel.		Sep bile	_	ea				אוע	orc	ea	I		<u> </u> 
E-mail	H	井	! 	<u></u>		<u> </u>	<u> </u>	<u> </u>	+		<u> </u>	) 	101,	1110	J		<u>_</u>					<u>                                       </u>	<u>                                       </u>	<u> </u>	<u> </u>	<u> </u>
Residential Address	버	+			$\frac{1}{1}$	$\overline{}$	$\frac{1}{1}$	$\frac{1}{1}$	$\pm$	+	<u> </u>		<u>_</u>				<u>.</u>						<u>                                       </u>			<u> </u>
(No P.O. Box)		$\dashv$				1																				
Landmark		Ī																								
City		$\equiv$																								
Means of Identification	n:	Nat	ion	al II	) [										_											
Issue Date	D	D	7	Μ	M	_/	Y	Y	Y	Y	Е	xpiry	y Da	ite	D	D	/	M	M	/	Y	Y	Y	Y	1	
Identification Number	· 🗏	Ī												_			-									
Spouse's Name																										
Spouse's Mobile												TI	N													
LOAN DETAILS																										
Purpose of Loan	П		<u> </u>	1	<u> </u>	<del>-</del>	<del>-</del>	<del>-</del>	_	_	Τ			<u> </u>	<u> </u>	<u> </u>	<u> </u>						T	Т	Т	П
rui pose oi Loan		$\dashv$			+					+																
Description of goods		T			Ť	i	i	i	Ì	Ì																
to be financed		$\Box$																								
Loan Amount												Ten	or	of Lo	oan											
Security Tendered for	Colla	ater	al																							
Corporate Account Nu	ımbe	r to	Cre	edit												Ban	k									
EXISTING LOANS WI	TH G	HA	NA	CO-	OPI	ERA	TIV	E Pl	HAR	RMA	CIST	'S' CI	REL	)IT	UNI	ON	LT	D./	<b>OT</b>	#181	R LE	END	ER	S		
1. Name of Lender					Т	T	T	T	T	Т						ī										
Repayment Amount	П	寸			Ī	i	İ	İ	Ī		Ī	]														
Type of Loan		一			Ť			i	İ		l	]														
Expected Repayment	Date		D	D	/	VI I	/[	/ Y	Y	Y	Y	]														
Repayment Frequency		We	ekly	,	i	N	- Ion	thly			Quai	rterly	,													
Current Outstanding			Ĺ						Ī		-	ecte	-	ayo	off I	ate	• [	D	D		M	M	]	Y	Y	Y Y
. Name of Lender	Ш	4																								
Account No. with other	r Bar	ık										]	Rep	ayn	nen	t An	nou	nt								
Type of Loan																										
	n .	D	D	/	M	M	/	7 3	YY	Y																
Expected Repayment	Date	ш	D	/	1.1	IvI	′ _																			
Expected Repayment Repayment Frequence		We		y	141	_	/ Mon	thly	, [		)uar	terly	. [													
				y   	1.1	_	Mon	thly	, [			terly ecte	_	ayo	ff D	ate	D		)	M	M		Y	Y	Y	Y
Repayment Frequence Current Outstanding	СУ	We	ekly		1.1	_	Mon	thly	7	(			_	ayo	ff D	ate	D		)	М	M		Υ	Y	Y	Y
Repayment Frequence Current Outstanding EMERGENCEY CONTA	Cy  ACT I	We	ekly		171	_	Mon	thly	7 [				_	ayo	ff D	ate	D		)	M	M		Y	Y	Y	Y
Repayment Frequence Current Outstanding  EMERGENCEY CONTA  Emergency Contact Name Contact	Cy  ACT I	We	ekly			_	Mon	ithly	7 [				_	ayo	ff D	ate	D			M	M	]	Y	Y	Y	Y
Repayment Frequence Current Outstanding EMERGENCEY CONTA	Cy  ACT I	We	ekly			_	Mon	thly	, [				_	ayo	ff D	ate				M	M		Y	Y	Y	Y
Repayment Frequence Current Outstanding  EMERGENCEY CONTA Emergency Contact Name Co	Cy  ACT I	We	ekly			_	Mon	ithly	7 [ ]				_	ayo	ff D	ate				M	M		Y	Y	Y	Y
Repayment Frequence Current Outstanding  EMERGENCEY CONTA Emergency Contact Name Co	Cy  ACT I	We	ekly			_	Mon	thly	7 [				d P		ff D	ate							Y	Y	Y	Y
Repayment Frequence Current Outstanding  EMERGENCEY CONTA Emergency Contact Name Co	Cy  ACT I	We	ekly			_	Mon	thly	7 [				_		ff D	ate							Y	Y	Y	Y

## CORPORATE LOAN APPLICATION FORM

Signature

Name of Borrower Sun		$\overline{}$	N P				- 1	- 1			_	_		-			1	_	$\overline{}$	$\overline{}$							-	
	1	<u> </u>																										_
Assured																												
/We irrevocably authorize	e the l	Insu	ranc	e Co	mpa	ny a	pprov	ed b	y the	Fina	nce	Comj	pany	to:														
. Obtain any information	from	any	pers	on w	vhon	n the	Insu	rer a	nd/o	r the	Fina	nce (	Com	pany	y de	em i	nece	ssar	у									
<b>).</b> Share information in an	y rela	ted p	oolic	y or	othe	er do	cume	nts v	vith o	ther	insu	rers	eithe	er di	rect	ly o	r inc	lired	ctly,	as n	nay	be	nec	essa	ry.			
C. Debit my account for the			•				_							•						•								
n this form is true, correct cover provided under this			•																									
over provided under tims	poncy	and		JI C D J	y ccc	ac an	u uss	igii tt	, dila	na c	о ор	crati	VCI	iiai i	iiaci	.51.5	GI C	aic C	,,,,,	,111 EC	u. u		gnu	, 111	.1113	COIICI	act.	
				_										_														
Borrower's Signature				_	]	Borr	owe	r's S	Signa	ture	)						Γ	D	D	] /	IV	[	M	/	Υ	Υ	Y	Y
																				J								
DECLARATION																												
	r a																											
		0.	ndit	tion	s ir	ı th	e Of	fer 1	Lette	er, g	ove	rnir	ıg t	he :	stru	ıctı	ıre	of ·	the	fac	cilit	y	gra	nte	d b	y G	han	a
		CO	11(11)	LIOII																			~		ion	c an	J 1.	ıe
nderstood the Term	ıs &					d. I	/We	acc	ept	and	agı	ee t		e b	oui	nd	by		T	erm	s 8	k (	Jon	diti	IOH	s an	a n	
nderstood the Term Operative Pharmacist	ıs & s' Cr	edit	t Uı	nior	ı Lt								to b					the										n
inderstood the Term Operative Pharmacist accept my/our liabil	ns & s' Cr ity t	edit o G	t Ui Shai	nior na (	ı Lt Co-	Ope	rativ	e P	har	mac	ists'	Cr	to b	t U	nio	n l	Ltd.	the I/	W	e u	nde	ers	tan	d t	hat	the	Fi	
understood the Term Operative Pharmacist accept my/our liabil Company may, at its	ns & s' Cr ity to abso	edit o G lute	t Ui Shai e di	nior na ( scre	n Lt Co- ction	Ope 1, te	rativ rmii	e P nate	har this	mac loa	ists' n a	' Cr gree	to b edit	t U	nio com	n I iple	Ltd. etely	the I/ or	We	e u artia	nde ally	ers fo	tan or b	d t	hat ch	the	Fi ny	of
understood the Term Operative Pharmacist accept my/our liabil Company may, at its Terms & Conditions w	ns & s' Cr ity to abso vithor	edit o G lute ut a	t Ui Shai e dia ny i	nior na ( scre noti	n Lt Co- tion ce t	Ope n, te o m	rativ rmii e, at	e P nate whi	har this ch p	mac loa oint	ists' n a all	Cr gree	to b edit eme stan	t U nt c idin	nio com g o	n l iple blig	Ltd. etely	the I/ or	We	e u artia	nde ally	ers fo	tan or b	d t	hat ch	the	Fi ny	of
Inderstood the Term Operative Pharmacist accept my/our liabil Company may, at its Cerms & Conditions w	ns & s' Cr ity to abso vithor	edit o G lute ut a	t Ui Shai e dia ny i	nior na ( scre noti	n Lt Co- tion ce t	Ope n, te o m	rativ rmii e, at	e P nate whi	har this ch p	mac loa oint	ists' n a all	Cr gree	to b edit eme stan	t U nt c idin	nio com g o	n l iple blig	Ltd. etely	the I/ or	We	e u artia	nde ally	ers fo	tan or b	d t	hat ch	the	Fi ny	of
Inderstood the Term Operative Pharmacist accept my/our liabil Company may, at its Cerms & Conditions w	ns & s' Cr ity to abso vithor	edit o G lute ut a	t Ui Shai e dia ny i	nior na ( scre noti	n Lt Co- tion ce t	Ope n, te o m	rativ rmii e, at	e P nate whi	har this ch p	mac loa oint	ists' n a all	Cr gree	to b edit eme stan	t U nt c idin	nio com g o	n l iple blig	Ltd. etely	the I/ or	'We	e u artia	nde ally	ers fo	tan or b	d t	hat ch	the	Fi ny	o
Inderstood the Term Operative Pharmacist accept my/our liabil Company may, at its Ferms & Conditions what the information g	ns & s' Cr ity to abso vithor	edit o G lute ut a	t Ui Shai e dia ny i	nior na ( scre noti	n Lt Co- tion ce t	Ope n, te o m	rativ rmii e, at	e P nate whi	har this ch p	mac loa oint	ists' n a all	Cr gree	to b edit eme stan	t U nt c idin	nio com g o	n l iple blig	Ltd. etely	the I/ or	'We	e u artia	nde ally	ers fo	tan or b	d t	hat ch	the	Fi ny	o
Inderstood the Term Operative Pharmacist Inccept my/our liabile Company may, at its Ferms & Conditions we hat the information g	ns & s' Cr ity to abso vithor	edit o G olute ut a is t	t Ui Shai e dia ny i	nior na ( scre noti and	n Lt Co- tion ce t	Ope n, te o m	rativ rmii e, at	e P nate whi	har this ch p	mac loa oint	ists' n a all ny/c	Cr gree outs our l	to be edited to be	t Uint on din	nio com g o	n l iple blig	Ltd. etely	the I/ or	'We	e u artia	nde ally	ers fo du	tan or b e. I	d t	hat ch e h	the	Fi ny	o
Inderstood the Term Operative Pharmacist accept my/our liabilicompany may, at its Terms & Conditions what the information g	ns & s' Cr ity to abso vithor	edit o G olute ut a is t	t Ui Shai e dia ny i	nior na ( scre noti and	n Lt Co- tion ce t	Ope n, te o m	rativ rmii e, at	e P nate whi	har this ch p	mac loa oint	ists' n a all ny/c	Cr gree	to be edited to be	t Uint on din	nio com g o	n l iple blig	Ltd. etely	the I/ or	'We	e u artia	nde ally	ers fo du	tan or b	d t	hat ch e h	the	Fi ny	of
Inderstood the Term Operative Pharmacist accept my/our liabilicompany may, at its Terms & Conditions what the information g	ns & s' Cr ity to abso vithor	edit o G olute ut a is t	t Ui Shai e dia ny i	nior na ( scre noti and	n Lt Co- tion ce t	Ope n, te o m	rativ rmii e, at	e P nate whi	har this ch p	mac loa oint	ists' n a all ny/c	Cr gree outs our l	to be edited to be	t Uint on din	nio com g o	n l iple blig	Ltd. etely	the I/ or	'We	e u artia	nde ally	ers fo du	tan or b e. I	d t	hat ch e h	the	Fi ny	of
understood the Term Operative Pharmacist accept my/our liabilicompany may, at its Ferms & Conditions with the information g	ns & s' Cr ity to abso vithor	redit o G olute ut a is t	t Ui Shai e dia ny i	nior na ( scre noti and	n Lt Co- tion ce t	Ope n, te o m	rativ rmii e, at	e P nate whi	har this ch p	mac loa oint	ists n a all ny/o	Cr gree outs our l	to bredit	t U; nt d idin wlee	nio com g o	n l iple blig	Ltd. etely	the I/ or	'We	e u artia	nde ally	ers fo du	tan or b e. I	d t	hat ich e h	the	Fi ny	of
I/We hereby apply founderstood the Term Operative Pharmacist accept my/our liabil: Company may, at its Ferms & Conditions with the information government.	ns & s' Cr ity to abso vithor	redit o G olute ut a is t	t Un Ghan e di ny m rue	nior na ( scre noti and	n Lt Co- tion ce t	Ope n, te o m	rativ rmii e, at	e P nate whi	har this ch p	mac loa oint	ists n a all ny/o	Cr gree outs our l	to bredit	t U; nt d idin wlee	nio com g o	n l iple blig	Ltd. etely	the I/ or	We	e u artia	nde ally	ers fo du	tan or b e. I	d t	hat ich e h	the	Fi ny	of

Signature

## FOR OFFICIAL USE ONLY APPROVED FACILITY TERMS **Facility Tenor** Periodic Repayment Amount (for Term Loan) Approved Lending Rate (%) First Date of Payment DOCUMENTATION CHECKLIST Proof of Identity of Directors: Yes No Credit Bureau Check Yes No Evaluation (Collateral Form) Certificate of Incorporation: Yes No Yes No Three Months Bank Statement: Terms and Conditions Duly Signed Yes No Yes No Address Verification - Utility Bill: Yes Other Copies of Company Documents No No Yes Collateral Value G H c Collateral Value is 140% > Loan No Yes Description of address: Address Verified by: Sign/Date: **Amount Approved Processing Fee** (2% of loan) Loan Protection Plan Others (1% of loan) TO BE COMPLETED BY MANAGEMENT & OPERATION STAFF 1. Relationship Officer's Comment(s): ..... Name: Sign: Date:.... 2. Business Development Executive's Comment(s)..... Name: Sign: Date:..... 3. General Manager's Comment(s)

Date:.....

Name: Sign: Sign:

4.	President's Comments/Ratification, if the loan is more than G	H¢ 500,000.00.	
LO	ANS COMMITTEE MEMBERS		
1.	Chairman:	Sign:	Date:
2.	Secretary:		
3.	Member:		
	ns Committee Remarks:		
Loa			