GHANA CO-OPERATIVE PHARMACISTS' CREDIT UNION LTD.
APPLICATION FOR LOAN

P. O. Box GP 2133
Email: Info@gcpculgh.com
Facebook: @gcpculgh
Website: www.gcpculgh.com

Tel: 0307010334
WhatsApp #0548685362
Instagram@gcpculgh
Twitter@Coghana

GCPCUL MTN MOMO #0558694231

(TO BE COMPLETED BY BORROWER)

NAME: …… Date of Birth……..……

WORK PLACE ADDRESS: ……...

National ID: Type: ……..…… Number …….

BUSINESS ADDRESS: ……...……...…….

AMOUNT REQUIRED: GH¢……...……. (IN WORDS) ……...…….

……

Type of Loan, please tick: Personal Loan ☐ Emergency Loan ☐ Consumer Loan ☐ Import Support Loan ☐

Have you ever borrowed from the GCPCUL? Yes ☐ No ☐

If yes, how many times? Once ☐ More than once ☐

MONTHLY INCOME: (1) SALARY: GH¢ …… (2) OTHER INCOME: GH¢……..…

MEMBER'S DATA CONSENT CLAUSE:

I……. hereby explicitly & unambiguously consent to the use and transfer, in electronic or other form of my personal data to BOG as prescribe by Banking Act??

DURATION FOR LOAN REPAYMENT (MONTHS) ……. PHONE: #.....

GUARANTORS:

NAME	A/C #	CONTACT	#AMT. PLEDGE	ADDRESS	SIGN
1.……	……	……	……	……...	……..…
2.……	……	……	……	……...…	……..…
3.……	…….	……	…… …	……...	……..…

PURPOSE: 1. HOUSEHOLD ☐ 2. HOUSING/RENT/BUILDING ☐ 3. SCHOOL FEES ☐ 4. FUNERAL ☐

5. BUSINESS ☐ 6. MEDICAL ☐ 7. TRANSPORT ☐ 8. OTHERS ☐ (PLS TICK)

MODE OF PAYMENT

IF CHEQUE: ☐ PROVIDE BANK DETAILS

BANK ……

BRANCH ……..…

ACC. #..... ……..…

IF MOMO: ☐ PROVIDE MOMO DETAILS

MOB #……

NAME: ……

DATE: (……..../……..…/...……) SIGNATURE: ……..…… Prof. Reg. # (if applicable): ……..……....

FOR OFFICE USE

ACCOUNT NO: ……..…… CHEQUE NO: ……..… MOMO ID:……

TO BE COMPLETED BY THE LOANS COMMITTEE

APPROVAL OF LOAN

If an applicant's loan is fully guaranteed by his/her own savings plus shares, or twice his/her savings plus shares balance to a maximum of GH¢10,000.00 the approval of the Manager is sufficient.

I/We approve a loan of GH¢…… for the above applicant on the terms stated above.

LOANS COMMITTEE MEMBERS

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

Loans Committee Remarks: ……

……..……

TO BE COMPLETED BY MANAGEMENT COMMITTEE/OPERATION STAFF

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

   ……

   ……

   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 loan is more than GH¢100,000.00.

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Ghana Co-operative Credit Unions Association (CUA) Ltd.
CUA RISK MANAGEMENT PROGRAMME
P. O Box 12148, Accra-North
Tel: (233) -0302-220-299 /-028-9014158/-0242-922488
Email: info@cuagh.com / Website: www.cuagh.com / riskmanagement@cuagh.com

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NAME OF CO-OPERATIVE CREDIT UNION

SHORT APPLICATION FORM 1

LOAN POLICY COVER APPLICATION (HEALTH DECLARATION) FORM

(THE LOAN PROTECTION PLAN (LPP) PROVIDES DEATH AND DISABILITY BENEFITS IN THE EVENT OF INSURED'S DEATH OR DISABILITY, RESPECTIVELY)

Name _____ Account No. _____

Tel. # _____

Date of Birth ____/____/____ Age_____
DD MM YR

Occupation _____ Sex _____

Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Beneficiary _____ Relationship _____ Age_____

Address of Beneficiary_____ Tel. # _____

1. Please, at present do you confirm that you are in good health and actively performing the usual duties of your occupation? Yes ☐ No ☐

2. At present are you aware of or have you received advice from your doctor that you are suffering from any illness? If yes, please specify **(for quality amount above GH¢10,000.00)** Yes ☐ No ☐

_____

NOTE: If QUESTION 2 IS ANSWERED 'YES' THEN THE LONG APPLICATION FORM (2) MUST BE COMPLETED AND SUBMITTED TO **CUA LTD.; IF ONLY THE AMOUNT IN FORCE EXCEEDS GH¢10,000.00** IN SUCH A CASE COVERAGE WILL NOT TAKE EFFECT UNTIL APPLICATION IS APPROVED BY CUA LTD.

I declare that to the best of my knowledge I am in good health and am able to perform the normal activities in the pursuit of my livelihood.

I declare that the above answers are true and complete and have been given by me and I do hereby agree that they shall form the basis of my proposed coverage.

I further agree that CUA Ltd. shall not be liable for any claim on account of any illness, injury or death the cause of which was known prior to application for coverage but was withheld or concealed in the above statement.

Herewith, I also give consent and authorisation to CUA Ltd. to seek any information from any doctor who has ever attended to me and from any life assurance office to which a proposal on my life was made.

I understand that disqualification from coverage will entitle me only for refund of premiums.

_____ _____/_____/_____
APPLICANT'S SIGNATURE DATE

WITNESS _____ /____/____/____
LOAN OFFICER/OFFICE MANAGER DATE

NOTE: **THIS APPLICATION FORM WILL ALWAYS BE COMPLETED AT THE TIME OF APPLICATION FOR COVERAGE BUT SHOULD BE SUBMITTED TO CUA LTD. TOGETHER WITH LONG APPLICATION FORM 2 ONLY IF QUESTION 2 IS ANSWERED 'YES' AND FILING FOR A CLAIM.**