



# **MINESCHO CO-OPERATIVE CREDIT UNION LTD**

**POST OFFICE BOX 237, TARKWA**

## **LOAN APPLICATION FORM**

**Name:** ..... **Account No.**.....

**Business Address**..... **Tel.**.....

**Nature of Business**..... **Date**.....

**Amount in Words**..... **GHC** .....

PURPOSE OF LOAN (Tick as Appropriate)

<b>PROVIDENT</b>	<b>AGRICULTURE</b>	<b>BUSINESS</b>
<b>a.</b> Food <b>b.</b> School fee <b>c.</b> Medical <b>d.</b> Wedding <b>e.</b> Funeral <b>f.</b> Housing <b>g.</b> Transport <b>h.</b> Others (Indicate)	<b>a.</b> Fertilizer <b>b.</b> Livestock <b>c.</b> Crop Production <b>d.</b> Grain Banking <b>e.</b> Poultry <b>f.</b> Agro-Processing <b>g.</b> Agric Inputs/Equipment <b>h.</b> Others (Indicate)	<b>a.</b> Tailoring <b>b.</b> Corn Milling <b>c.</b> Retailing/Wholesaling <b>d.</b> Metal Works <b>e.</b> Contract Financing <b>f.</b> Fixed Assets Financing <b>g.</b> Food Vending <b>h.</b> Other (Indicate)

### **Detailed description of Purpose of the loan**

.....  
.....

### **CURRENT SYSTEM BALANCES (To be completed by C.O.)**

Shares GHC.....	Saving GHC .....	Investment GHC.....	Loan Bal GH¢.....
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Repayment Terms: Daily ☐ Weekly ☐ Monthly ☐ One-Off ☐

Number of the installments ..... Amount per Installment (with Interest) GHC .....

Average Monthly Income GHC ..... Other Income GHC .....

## LOANS RECORD

Date	Institution	Amount (GHc)	Remarks
.....	.....	.....	.....
.....	.....	.....	.....

## OTHER FINANCIAL OBLIGATIONS

Date	Institution	Deduction (GHc)	Remarks
.....	.....	.....	.....

## SECURITY PLEDGE TO GUARANTEE THE LOAN

**A. Shares + Savings GHc** .....

### **B. Guarantor(s) - (Guarantor should be a member of the Credit Union)**

1. Name.....ACC. No ..... Amt GHc .....

Residential Address.....Tel No:.....

Signature .....

2. Name.....ACC. No ..... Amt GHc .....

Residential Address.....Tel No:.....

Signature .....

3. Name.....ACC. No ..... Amt GHc .....

Residential Address.....Tel No:.....

Signature .....

**C. Amount Unsecured GHc** .....

## DECLARATION BY APPLICANT

I / We declare that the 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 loan committee.

1. NAME.....

2.NAME.....

SIGNATURE.....

SIGNATURE.....

RESIDENTIAL ADDRESS.....

RESIDENTIAL ADDRESS.....

.....Gh Card No.....

.....Gh Card No.....

TEL: ..... DATE.....

TEL: ..... DATE.....

I confirm that the above named loan applicant work with our institution/Department and that he/she has no other loans with other Banks/Financial Institutions. To the best of my knowledge there are no hidden liabilities on him/her of the magnitude that will adversely affect the repayment of this facility if granted. I pledge to officially inform the Credit Union of any transfer/relocation of the applicant and to ensure that his/her terminal benefits are paid through the Credit Union to help recover the loan granted.

..... **TELEPHONE NO.**.....

..... **TELEPHONE NO.**.....

Recommended ☐Not Recommended ☐

COMMENTS/RECOMMENDATION.....

[illegible]

NAME.....

SIGNATURE.....DATE.....

## **MANAGEMENT LOANS COMMITTEE ACTION**

1. Amount Applied for GH¢.....

2. Approved ☐ Rejected ☐ Modified ☐ Recommended to ELC ☐

Give reasons .....

.....

.....

.....

.....

.....

.....

Amount in words .....

Amount in figures GH¢.....Repayment Period.....

NAME	POSITION	SIGNATURE	DATE
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

## **LOANS COMMITTEE ACTION**

1. Amount Applied for GH¢ .....

2. Application Approved ☐ Application Rejected ☐ Application Modified ☐

Give reasons .....

.....

.....

Amount in words .....

Amount in figures GH¢.....Repayment Period.....

NAME	POSITION	SIGNATURE	DATE
.....	.....	.....	.....
.....	.....	.....	.....

**APPROVED BY: LOANS COMMITTEE CHAIRMAN**

NAME	SIGNATURE	DATE
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.....	.....	.....
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## **LOAN AGREEMENT SECTION**

1.0:I/We,.....a.k.a.....  
have contracted a loan of .....Ghana  
Cedis ..... pesewas (GH¢.....)

With the Minescho Co-operative Credit Union and promise to abide by the following conditions  
stated in this loan agreement.

1.1: Repay the loan within the specific period of .....Months  
On:      Daily ☐    Weekly ☐    Monthly ☐    One-Off ☐    installment.

1.2: To pay the loan at an agreed interest rate of .....% per Month.

1.3. The loan interest calculation method shall be:

Flat/Fixed Rate ☐      Reducing Balance ☐      Amortization ☐

1.4. To pay the requisite fine in accordance with the schedule below if loan is not paid within the  
period agreed in 1.0 and 1.1 above.

Days/Months Past Due	Rate of Fine
1 - 3 Months	1% of Loan Balance
4 - 6 Months	2% of Loan Balance
7 - 9 Months	3% of Loan Balance
10 - 12 Months	4% of Loan balance

1.5: Use the loan for the purpose stated in the loan application form.

1.6: Pay every loan installment on or before its due date

1.7 : I/We do hereby undertake that should any information given by me/us in respect of this  
loan becomes false/untrue or should I/we fail to fulfill my/our part in respect of Clauses 1.1 to  
1.6 above that the loan shall become immediately due and I/We shall pay same. Legal action in  
this regard is equally hereby accepted.

1. NAME.....

2.NAME.....

SIGNATURE.....

SIGNATURE.....

POSITION.....

POSITION.....

DATE.....

DATE.....

**1.9: WITNESSED BY**

NAME: .....

RESIDENTIAL ADDRESS:.....

TEL:.....SIGNATURE: ..... DATE.....

**2.0. NAME OF MINESCHO REPRESENTATIVE**

NAME: .....

POSITION: .....

SIGNATURE: .....

DATE:.....

**2.1. WITNESSED FOR MINESCHO BY:**

NAME: .....

POSITION: .....

SIGNATURE: .....

DATE:.....

Ghana Co-operative Credit Unions Association (CUA) Ltd.

P.O Box 12148, Accra-North  
Tel: (233)-021-220-299/021-231-717/020-8021555

**MINESCHO**  
**CO-OPERATIVE CREDIT UNION**

**APPLICATION FORM – PART 1**

**LOAN INSURANCE 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 \_\_\_\_\_

Occupation \_\_\_\_\_ Sex \_\_\_\_\_

Marital status ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Address of Beneficiary \_\_\_\_\_ Tel. # \_\_\_\_\_

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 1. Have you ever been diagnosed of cancer?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Have you ever been diagnosed of HIV or AIDS?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. At present are you aware of or have you received advice<br>From your doctor that you are suffering from any illness?<br>If yes, please specify (for quality amount above GH¢ 1,000.00) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

NOTE: IF # 3 IS ANSWERED 'YES' THEN THE APPLICATION FORM PART 2 MUST BE COMPLETED AND SUBMITTED TO CUA LTD 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 claims 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 authorization to CUA Ltd. To seek any information from any doctor who has ever attended 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 APPLICATION FORM PART 2 ONLY IF QUESTION 3 IS ANSWERED 'YES' OR IN CASE OF CLAIM

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