



MINESCHO CO-OPERATIVE CREDIT UNION LTD

POST OFFICE BOX 237, TARKWA

EASTER LOAN APPLICATION FORM

Name: **Account No.**

Residential Address..... **TEL**.....

Employer..... **Occupation**..... **Date**.....

Amount In Words..... **(In Figures) GHC**.....

Detailed description of Purpose of the loan

.....

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

Shares GHC.....	Saving GHC	Loans GHC.....
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Marital Status **No. of Dependents**

Repayment Terms: Daily ☐ Weekly ☐ Monthly ☐ One Off ☐

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

LOANS RECORD

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

Guarantors

ACC. No **Name**..... **Amt GHC** **Signature**

ACC. No **Name**..... **Amt GHC**..... **Signature**

Repay the loan within the specific period of **Months**

By: Daily ☐ Weekly ☐ Monthly ☐ Off-Off ☐ installment.

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

The loan interest calculation method shall be Flat/Fixed Rate

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.

Signature of Applicant

..... Date..... Tel. GH Card No:

FOR OFFICE USE ONLY

Recommended ☐ Not Recommended ☐

LOANS OFFICER

COMMENTS/RECOMMENDATION.....

.....
.....
.....
.....

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
.....
.....
.....

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? ☐ Yes ☐ No2. Have you ever been diagnosed of HIV or AIDS? ☐ Yes ☐ No3. At present are you aware of or have you received advice ☐ Yes ☐ No

From your doctor that you are suffering from any illness?

If yes, please specify (for quality amount above GH¢ 1,000.00)

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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