



G. P. H. A CO-OPERATIVE UNION- TAKORADI

P. O. BOX AX 1288 TAKORADI TEL: 031-2021886, infodesk@gphacreditunion.com

LOAN APPLICATION FORM

NAME:	Date of Birth:	Date:
Address:	Staff No:	A/c No:
Department:	Occupation/ Work place	
Amount Required:In figures GH¢.....		
Reason for the Loan:		

CURRENT BALANCES

Share: GH¢	Savings GH¢	Loan GH¢
		Short term loan GH¢

Marital Status..... Number of dependants: Duration (in month):

Basic Salary GH¢: Monthly Deduction GH¢:

Interest Rate: Insurance Premium payable GH¢:

Mobile:

LOANS COMMITTEE

Amount approved (in figures) GH¢..... In Words.....

SIGNATURE: Chairman..... Date:

Secretary..... Date

Member Date

RECEIVED FROM GPHA CO-OP. CREDIT UNION ON THE.....Of 2015

In payment of the approved amount the sum ofOnly

NAME SIGNATURE.....

CHEQUE NO:..... BANK: CHAIRMAN'S SIGN.....

SECURITY PLEDGED TO GUARANTEE THE LOAN.

CO/ GUARANTOR:

NAME:S/NO..... A/C NO.....

SAVING GH¢.....

LOAN GH¢.....

AMOUNTGH¢

SIGNATURE.....

DATE.....

OTHER COLLATERAL..... VALUE.....

NOTE: GUARANTORS ARE TO NOTE THAT IF THE APPLICANT DEFAULT THE LOANS WITHIN SIX (6) MONTH. IT WILL BE DEDUCTED FROM HIS/ HER SAVINGS OR SALARIES.

DECLARATION

I / We declare that the above information is true to the best of my knowledge and agree to abide by the by- law of the society as well as the loans policy and any variations as may be set by the credit committee. I/ we further agree that in the event of my/ our default, legal action should be taken against me/ us. Moreover, the loan could be cancelled in case it is found out that the information as provided by me/ us are untrue.

SIGNATURE OF APPLICANT:

.....

DATE.....