UNIVERSITY OF CAPE COAST CO-OPERATIVE CREDIT UNION LIMITED

SHORT TERM CREDIT APPLICATION ((STCFORM)

SECTION 'A' TO BE COMPLETED BY THE OFFICE

SAVINGS BALANCE GH¢.....
EDUCATION SAVINGS GH¢.....
MICRO SAVINGS BALANCE GH¢.....
LOAN BALANCE GH¢.....
STC LOAN BAL GH¢.....

PV NO.....
CHEQUE NO.....
A/C YR. NO.....

SECTION 'B' TO BE COMPLETED BY THE APPLICANT

Staff No/C.U. Pass Book No.....
Name of Borrower.....

Address.....

Ghana Card No..... GPS Address .....

Designation..... Date of Birth.....
Banker (please indicate branch).....
Account No..... Telephone No.....

I, the undersigned wish to borrow GH¢.....
(in words).....
Iagree to repay this loan in ..... month(s) installment(s)

I also agree to repay the loan and interest at the rate of 3% on the principal as at the end of each month over the agreed period as indicated above.

Kindly attach current **Payslip.**
I desire this loan for the following purpose :(explain) fully.....
.....

SIGNATURE OF APPLICANT ..... DATE.....

LOAN GUARANTORS

I/we the undersigned do hereby undertake to pay in full loan plus interest on behalf of the applicant named above in the event of he/she defaulting in installment(s) that the union deems as delinquent. That I/we further agree that the said liability should be passed unto my/ our payroll for deductions.

1. Name..... Staff No.....
Department/Section.....
Date..... Signature.....

2. Name..... Staff No.....
Department/Section.....
Date..... Signature.....

3. Name..... Staff No.....
Department/Section.....
Date..... Signature.....

2. Name..... Staff No.....
Department/Section.....
Date..... Signature.....

FOR OFFICE USE

LOAN REPAYMENT SCHEDULE

MONTH	CHEQUE NO	PRINCIPAL	INTEREST	TOTAL
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
TOTAL		.....	.....	.....

APPROVAL OF LOAN

I do/do not approve a loan of GH¢..... to the applicant named above under the terms and conditions as spelt out on page four (4 of the STC application forms)

....

Loan Amount: GH¢.....
Interest on Loan: GH¢.....
Total Amount Payable: GH¢.....
Risk Management Premium Payable.....
Cheque No..... Cashier..... Date.....

RECIEPT

I received in payment of the above mentioned amount the sum of .....

..... GH¢.....

....

(Signature or Thumbprint) (Date)

UNIVERSITY OF CAPE COAST CO-OPERATIVE CREDIT UNION LIMITED

LOAN APPLICATION FORM

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

APPLICATION FORM – PART1
LOAN INSURANCE APPLICATION (HEALTH DECLARATION FORM)

The loan protection plan (LPP) provides death and disability benefit in the event of insured death or disability, respectively.

Name.....Staff No.....
Date of Birth:.....Age.....Gender.....
Occupation .....
Marital Status: Married ☐ Single ☐ Widowed ☐ Divorced ☐
Beneficiary.....Relationship.....
Age..... Address of Beneficiary.....

1. Have you ever been diagnosed of cancer? ☐ Yes ☐ No
2. Have you ever been diagnosed of HIV or AIDS ☐ Yes ☐ No
3. At present, are you aware of or have you received advice from your doctor that you are suffering from any illness?
   ☐ Yes ☐ No
   If yes, please specify (for quality amount above GH¢1000.00)

Note: if 3 is ANSWERED YES THEN THE APPLICATION FORM PART2MUST 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 I am able to perform the normal activities in the pursuit of my livelihood.

I declare that the above answer s 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 that 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 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' Name.....Signature.....Date.....

Loans Officer/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 CAUSE OF CLAIM.

UCC CO-OPERATIVE CREDIT UNION LIMITED
STC RULES AND CONDITIONS

1.0 APPLICATION REQUIREMENTS

1.1 The applicant must be a staff member

1.2 The applicant must be a current account holder

1.3 The applicant must have a good financial standing in the Union

a. Good savings balance

b. Irregular withdrawals of the savings

c. The applicant ought not to have depleted his or her savings account prior to the time of assessing the facility

1.4 The applicant must have the ability to repay the loan within the stipulated three month's period

1.5 The ceiling for STC facility is Twenty-Five Thousand Ghana cedis(GH¢40,000.00)

1.6 Applicants for the STC shall provide two (2) guarantors, who must be members of the Union on the University of Cape Coast Payroll.

2.0 INTEREST ON STC

The interest on STC is three percent (3%) per month on the outstanding balance.

3.0 PROCESSING FEE

The facility attracts a processing fee as follows:

One Ghana cedi (GH¢1.00) to one thousand Ghana cedis (GH¢1,000) attracts GH¢5.00

One thousand and one Ghana cedis (GH¢1,001.00) to Twenty-Five thousand Ghana cedis (GH¢40,000.00) attracts 0.50% on the amount approved.

4.0 REPAYMENT

The repayment for the STC shall be for a maximum three month's installment and shall be approved upon the issuance of three posted cheques.

5.0 DEFAULT

5.1 Incident of default is determined when any of the posted cheques are dishonored.

5.2 New facility will be granted to applicants only when they have completed repayment of the previous facility

AGREEMENT OF BORROWER

Indicate by Tick

1.0 I agree to pay in cash the Risk Management Premium (Insurance) on the Loan amount approved before cheque is written. [ ]

I hereby agree to the approved conditions for the loan.

....