# UNIVERSITY OF CAPE COAST CO-OPERATIVE CREDIT UNION LIMITED

## LOAN APPLICATION FORM

SECTION 'A' TO BE COMPLETED BY THE OFFICE

SAVINGS BALANCE GH¢.....
EDUCATION SAVINGS GH¢.....
MICRO SAVINGS BALANCE GH¢.....
LOAN BALANCE GH¢.....
STC BALANCE GH¢.....
PDA BALANCE 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..... Tel. No.....

Address of Borrower..... Date of Birth.....

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

I, the undersigned wish to borrow an amount of.....

GH¢.....from the Credit Union.

I agree to pay this loan in .....months installments.I also agree to pay **a processing fee of one percent (1%)** of the amount Approved and an interest of **2.5%** on the principal balance at the end of each month of the agreed term of the loan.

Kindly attach current **Payslip and Photocopy of your Ghana Identification Card**

I desire this loan for the following purpose:(explain) fully.....
.....

LOANS WITH THE UNIVERSITY/OTHER FINANCIAL INSTITUTIONS

a. Car Advance GH¢.....
b. Insurance GH¢.....
c. Housing Loan scheme GH¢.....
d. Salary Advance GH¢.....
e. Staff Debtor GH¢.....
f. Others ( ) GH¢.....

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

APPROVAL OF LOANS
SECTION 'C' TO BE COMPLETED BY THE LOANS COMMITTEE

I ☐ do approve a loan of GH¢.....for.....months in line with the applicant's financial standing and the Union's loan qualification requirement

☐ Loan request not approved due to.....

☐ Loan request is above Committee's approval limit. Referred to Board for approval

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

Date..... Date..... Date..... Date..... Date.....

*Signatures of the Credit Committee members are needed. All members shown as present should sign as shown in the minutes of the meeting at which the loan was approved.)*

Board's decision.....

Note: *In a situation where loan is fully secured by his own savings, the recommendation of the Manager is sufficient.*

---

AGREEMENT OF BORROWER

Indicate by Tick

1.0 I agree that Risk Management Premium (Insurance) on the Loan be deducted from the amount approved before cheque will be written. [ ]

2.0 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.

..... .....

(Signature or Thumbprint) (Date)

---

FOR OFFICIAL USE ONLY

Amount GH¢.....

Interest on Loan GH¢.....

Risk Management Premium payable GH¢.....

Total Amount debited to Account GH¢.....

Cheque No..... 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.

# UNIVERSITY OF CAPECOAST CO-OPERATIVE CREDIT UNION LIMITED

## LOAN GUARANTEE FORM (FOR NON-STAFF)

PART A: *TO BE COMPLETED BY APPLICANT BEING REQUIRED TO PROVIDE GUARANTORS*

I.....of.....

.....(address)

hereby declare that I am a member of the UCC Co-operative Credit Union Limited and that I have applied for a loan of GH¢.....to be repaid in full principal plus interest over .....months. Should I default at any point in time three (3) months repayment installments of the loan granted me plus any interest thereon, the Union has the right to recover in full the outstanding amount from my guarantors provided below.

Pass Book No..... Tel..... Signature..... Date.....

PART B: *TO BE COMPLETED BY GUARANTORS*

We the undersigned do hereby undertake to pay in full principal plus interest there on behalf of the applicant named above in the event of he/she defaulting in three (3) months repayments installments at any point in time. That we further agree that the said liability should be passed unto our payroll for deductions.

1. FIRST GUARANTOR:

   Name:.....Staff No.:.....

   Department/Section.....Tel No.:.....

   Signature.....Date.....

2. SECOND GUARANTOR:

   Name:.....Staff No.:.....

   Department/Section.....Tel No.:.....

   Signature.....Date.....

Signed in the presence of.....(Manager, UCC Co-op Credi Union Limited)

Signature..... Date.....