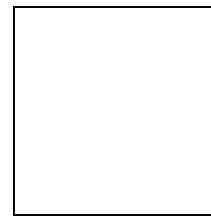




TATCCU
THE HAPPY FAMILY

TECHIMAN AREA TEACHERS CO-OP CREDIT UNION
PERSONAL LOAN APPLICATION FORM



DATE: _____

1. Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Others	Surname	First names
Identity number	<input type="text"/>	Date of Birth	<input type="text"/>
		Marital Status	<input type="checkbox"/> Not Married <input type="checkbox"/> Married <input type="checkbox"/> Widow
ID Type:	DD M M Y Y Y Y		
Residential Address:			House No:
Street Name:	Area:		
Postal Address:			
Telephone (Home)	Telephone (Work)	<input type="text"/>	Cell phone (Work) <input type="text"/>

2. Employment Details

Staff Number	<input type="text"/>	Occupation	Position
Net Salary	Pay day	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly	
Industry	Years in current employment	Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Temporary/Casual	
Employer Name			
Employer Postal Address			

3. Next of Kin Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Others	Surname	First names
Identity number	<input type="text"/>	Date of Birth	<input type="text"/>
		Marital Status	<input type="checkbox"/> Not Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce
ID Type:	DD M M Y Y Y Y		
Residential Address:			House No:
Street Name:	Area:		
Postal Address			
Telephone (Home)	<input type="text"/>	Telephone (Work)	<input type="text"/>
		Cellphone (Work)	<input type="text"/>

4. Loan Details

Type of Loan ☐ Salary Loan ☐ Other_____

Purpose of Loan_____ Amount Required GH¢_____

Proposed Repay For ☐ 6 Months ☐ 12 Months ☐ 24 Months ☐ 36 Months ☐ 48 Months ☐ Others_____

Proposed Repay Amount

GH¢

5. Monthly Income & Expenditure Analysis

A. Income

GH¢

GH¢

Net. Monthly Salary

Add Verifiable income

Add other income

Total Income

Customer Signature:_____

Date:_____

6. FOR OFFICIAL USE ONLY

1. Amount Applied for GH¢----- Amount Approved GH¢-----

2. Amount Rejected GH¢----- Reason(s)-----

3. Number of installment-----

SIGNATURE OF LOAN COMMITTEE/MEMBER/MANAGER

1. CHAIRMAN----- SIGNATURE----- DATE-----

2. SECRETARY----- SIGNATURE----- DATE-----

3. MEMBER----- SIGNATURE ----- DATE-----

4. MANAGER----- SIGNATURE----- DATE-----

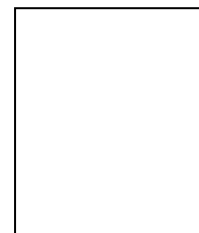
DATE

SIGNATURE/THUMBPRINT OF APPLICANT

MANAGER/AUTHORIZED OFFICER:----- DATE OF PAYMENT-----

7. GUARANTOR'S FORM

(Any information supplied will be treated as strictly confidential)



PHOTOGRAPH

1. Full Name:
2. (a) Date of Birth:
(b) Age:
(c) No. of Children:
3. Postal Address:
4. Tel. No: Mobile:
5. Residential Address:
6. Location of your house:
.....
1. Name and address of Bankers:.....
2. (a) Occupation/Profession:.....
(b) Salary/Income per annum:.....
9. Other Source of Income.....

Declaration:

I do hereby declare that

- (i) The statements made on this form are true
- (ii) I have not withheld any information which may be necessary for processing this Application
- (iii) If any information given in this declaration/guarantor's form on the basis of which a loan is subsequently granted to the applicant is found to be incorrect, I render myself liable to both civil and criminal action.

Signed:.....

Date:.....

Name of Applicant to be guaranteed:.....
.....

Date:-----

Dear Sir,

**AUTHORITY TO PAY SALARY TO
THE CREDIT UNION**

I am a customer of the Techiman Area Teachers Co-op credit union . In consideration of the credit union agreeing to grant me a personal loan of GH¢-----
(_____), I hereby authorize you to
pay my salary amounting to not less than GH¢-----
----- (_____), into my Account-----
---- at the Techiman Area Teachers Co-operative Credit Union, with effect from-----
20----- I also irrevocably authorize you not to put into effect any contrary instruction
given by me or by other person unless such request or instruction is supported by a written
confirmation from the Credit Union.

Yours faithfully

9.

THE MANAGER
TECHIMAN AREA TEACHERS
CREDIT UNION

Dear Sir/Madam,

EMPLOYERS' UNDERTAKING IN RESPECT OF

Mr./Miss/Mrs.-----

Following receipt of the attached instruction from Mr./Miss/Mrs.-----

----- (hereinafter called "the Employee" to Pay his/her Salary amounting to not less than GH¢----- () into his/her

Account No----- of your Credit Union and in consideration of your advance from time to time to the employee, we hereby irrevocably undertake:

3. To comply with the said instructions
4. To ensure that the net amount of salary is regularly remitted.
5. To ensure that net monthly salary remittable shall not fall below the present net salary of GH¢-----
6. To notify you in advance of any transfer, dismissal, resignation or any other act or event likely to affect the continued employment of the employee.
7. That on determination of the employee's employment we shall pay all financial entitlements due to him/her said account No-----
8. This undertaking shall continue to remain in force and shall not be revoked unless with the written consent of Techiman Area Teachers Credit Union.

Yours faithfully

For and on behalf of

(Stamp and Signature)

Name of Witness-----

Name and status-----

Signature -----

Address -----

10.

THE MANAGER
TECHIMAN AREA TEACHERS
CREDIT UNION

RIGHT OF SET OFF

I----- in consideration of
you having granted me a loan of GH¢-----hereby
covenant that you may hold any moneys from time to time standing to my credit or due to me at any
time at any of your agents on any account or in any manner whatsoever as security for the loan and I
hereby charge such moneys with the repayment of any indebtedness or ascertained or contingent
liability whatsoever which has been or may be incurred by me to you.

I further agree that you may at any time without further order form or notice to me, exercise your
right of set off against such moneys in or towards satisfaction of such indebtedness or liabilities.

Dated this:-----day of:-----20-----

Witness:-----
(Name and Signature) Signature/Thumbprint

Address:-----



TECHIMAN AREA TEACHERS' CO-OPERATIVE CREDIT UNION
Ghana Co-operative Credit Unions Association (CUA) Ltd.
CUA RISK MANAGEMENT PROGRAMME

P. O Box 12148, Accra-North

Tel: (233) -0302-220-299 /-0302-250-885/-0243-590200

Email: info@cuagh.com Website: www.cuagh.com

SHORT APPLICATION FORM 1

LOAN POLICY COVER 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 _____
DD MM YR

Occupation _____ Sex _____

Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Beneficiary _____ Relationship _____ Age _____

Address of Beneficiary _____ Tel. # _____

1. Please, at present do you confirm that you are in good health and actively performing the usual duties of your occupation? Yes ☐ No ☐

2. At present are you aware of or have you receive advice from your doctor that you are suffering from any illness? If yes, please specify **(for quality amount above GH¢10,000.00)** Yes ☐ No ☐

NOTE: If QUESTION 2 IS ANSWERED 'YES' THEN THE LONG APPLICATION FORM (2) MUST BE COMPLETED AND SUBMITTED TO CUA LTD.; IF ONLY THE AMOUNT IN FORCE EXCEEDS GH¢10,000.00 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 claim 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 authorisation 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 _____

 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 LONG APPLICATION FORM 2 ONLY IF QUESTION 2 IS ANSWERED 'YES' AND FILING FOR A CLAIM.