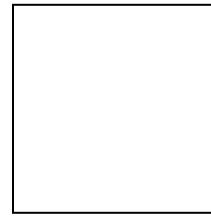




**TATCCU**  
**THE HAPPY FAMILY**



PHOTOGRAPH

## **TECHIMAN AREA TEACHERS' CO-OPERATIVE CREDIT UNION LTD LOAN APPLICATION FORM**

**A**

NAME OF APPLICANT: ----- STAFF NO: -----

MEMBERSHIP NO: ----- PHONE ----- SEX -----

DATE OF BIRTH: ----- AGE: ----- MARITAL STATUS: -----

OCCUPATION: ----- HOME TOWN: -----

ADDRESS: -----

HOUSE NO: ----- LOCATION: -----

NO. OF DEPENDANTS: ----- INCOME GH¢: -----

AMOUNT REQUIRED GH¢: ----- IN WORDS: -----

-----  
BENEFICIARY: ----- RELATIONSHIP: -----

### **B .EMPLOYER INFORMATION**

EMPLOYER NAME -----

EMPLOYER ADDRESS -----

EMPLOYER CONTACT -----

DIRECTION TO WORK PLACE -----

### **C. BANK DETAILS**

ACCOUNT NUMBER -----

ACCOUNT NAME -----

BANK NAME -----

BRANCH -----

#### D. PURPOSE FOR LOAN (TICK APPROPRIATE)

PROVIDENT	AGRICULTURE	BUSINESS	CONSTRUCTION	CLEARING OF GOODS
Food	Fertilizer	Liquidity Support	Building	Car
School Fees	Livestock	Tailoring		Container
Wedding	Poultry	Hairdressing		
Funeral	Farming Equipment	Transport		
Rent	Seeds	Business Capital		
Medical	Others	Cottage Industry		

#### C. MEMBER'S CURRENT LEDGER BALANCES

SHARES	SAVINGS	LOAN BALANCE	SPECIAL DEPOSIT
GH¢.....	GH¢.....	GH¢.....	GH¢.....

#### D. MODE OF PAYMENT (TICK APPROPRIATE)

DAILY----- WEEKLY----- MONTHLY-----

NUMBER OF INSTALMENTS:----- AMOUNT GH¢-----

DEDUCTION----- CASH-----

#### E. AGREEMENT

- ❖ *I agree to pay interest of 3% 4% per month on the unpaid balance as required. However, in case of default in repayment, the interest rate shall be 5% per month.*
- ❖ *I also agree to insure the loan in accordance with the Loan Protection Plan (LPP) Policy of Ghana Co-operative Credit Unions Associations (CUA) Ltd.*
- ❖ *In case payment is not made at maturity, I shall pay the cost of collection, and a fine of 5% per month of the unpaid balance.*

#### F. PROMISE OF GUARANTOR(S)

I/we promise to guarantee for the above approved loan and interest and cost of collection and pledge my/our savings with the Credit Union for this purpose.

DATE-----

NAME OF GUARANTORS	MEMBERSHIP NO.	AMOUNT EACH GUARANTOR PLEDGES	TELEPHONE NUMBER	SIGNATURE OR THUMPRINT
1.-----	-----	-----	-----	-----
2.-----	-----	-----	-----	-----
3.-----	-----	-----	-----	-----
4.-----	-----	-----	-----	-----

## **G. AGREEMENT OF BORROWER**

I hereby agree to abide by the by-laws of the society and the loan policies governing the approved loan. I further agree that in case I default in repaying the loan as the contractual agreement demands, legal action can be taken against me for total recovery of the loan

---

SIGNATURE/THUMPRINT OF APPLICANT

DATE

## **H. LOAN COMMITTEE (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-----

3. MANAGER-----SIGNATURE-----DATE-----

---

DATE

SIGNATURE/THUMPRINT OF APPLICANT

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



**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

**TECHIMAN AREA TEACHERS'  
CO-OPERATIVE CREDIT UNION**

**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.

**TECHIMAN AREA TEACHERS COOPERATIVE CREDIT  
UNION**  
**P. O. BOX 505, TECHIMAN – B.A**  
**PHONE NO. /0242014231/0244015191**  
**E-mail [tatcu505@yahoo.com](mailto:tatcu505@yahoo.com)**

## **LOAN CONTRACT AGREEMENT**

The agreement is made on the-----day of-----in the year-----

BETWEEN----- (Herein referred to as the member and  
borrower) OF THE FIRST PART AND TECHIMAN AREA TEACHERS COOPERATIVE CREDIT  
UNION (TATCCU) OF THE SECOND PART.

### **IT IS MUTUALLY AGREED AS FOLLOWS**

1. In response to the application form submitted by the member on-----TATCCU has accepted to grant to the member a loan of GH¢-----
2. The loan is granted for a maximum period of-----months
3. The loan shall attract interest at the rate of 28% per annum and a processing fee of 2%
4. The loan commences on-----and expires on-----
5. The loan of GH¢-----plus interest of GH¢-----shall be repaid by monthly/weekly installment of GH¢-----
6. In case of default in repayment for one month, the loan balance shall attract an interest rate of 5% per month as a penalty.
7. *In case I (member/borrower) fail to repay the loan on terms of the loan agreement, the lender (TATCCU) shall have the right to use either the entire or part of my (members/borrower's) savings to set off either the entire loan and interest accrued or part of it thereof if possible.*

.....  
Member/borrower's Signature

Or Thumbprint

.....  
Manager