TECHIMAN AREA TEACHERS CO-OPERATIVE CREDIT UNION
SPECIAL LOAN APPLICATION FORM

Name: …….Staff No…….

Membership NO: ……Phone No: ……. …Sex: … Occupation: .……

Address:……...

Bank: …….Branch: ……Account No: ……..

House No:……Location……..……

Date of Birth:…….Age:……...

Amount Required GH₵:……In Words:…….....

……..

MEMBERS CURRENT LEDGER BALANCES

SHARES	SAVINGS	LOANS	SPECIAL DEPOSIT
GH¢…….……	GH¢……	GH¢…….	GH¢……

REPAYMENT DATE:……..

AGREEMENT

I agreed to pay back the Loan and interest of 7%.

…….
Signature of Applicant

Date:…….

Name of Guarantor:…….Membership No:…….
Address:……...
Signature:……..Date:……Phone No: ……..……..
Name of Witness:……..Phone No:……
Address:……...
Signature:……..Date:……..

SIGNATURE OF CREDIT COMMITTEE MEMBER:

Amount Applied for GH₵: …… **Amount Approved GH₵: ……..**

…… Chairman Date:……

…… Secretary Date:……

…… Member Date:……

……Manager Date: ……...

I hereby accept the conditions for the loan.

Signature: ……. Date: ……