



UNIVERSITY FOR DEVELOPMENT STUDIES COOPERATIVE CREDIT
UNION (UDSCCU)

P. O. Box TL 1350, Tamale



LOAN APPLICATION FORM

1. To be completed by the Applicant

Staff [] Non Staff [] Phone:.....

Personnel Number (ID).....

Full Name:.....

Bank:..... Branch:.....

Account No:.....

Address:.....

Email:.....

I, the undersigned wish to apply for a loan of GH¢..... (in words)

.....

..... from the UDSCCU. I agree to pay interest ofon fixed balance per month. In case payment is not made at maturity, I agree to pay the cost of collection and fine not exceeding 19.5% per annum on the principal loan.

I desire this loan for the following:

.....

I agree to abide by all the Constitution and bye-laws of the UDSCCU concerning Loans to Members. I also agree that the Loan (+ interest) should be deducted from my salary in

.....monthly equal installments.

Residence/House Address:.....

Date:.....Signature:.....

(Attach photocopy of your last Pay-slip)

Witness:.....

Department/Faculty:.....

Date:.....Signature:.....

APPROVAL OF LOANS

2. GUARANTORS

I/We promise to guarantee for this loan plus interest and post of collection (excluding the fine) and pledge my/our savings with the UDS-SCCU for this purpose.

- i. Name:.....
Staff/Non Staff No:.....
Savings Balance GH¢..... Loan Balance GH¢.....
Signature:.....Date:.....
- ii. Name:.....
Staff/Non Staff No:.....
Savings Balance GH¢..... Loan Balance GH¢.....
Signature:.....Date:.....
- iii. Name:.....
Staff/Non Staff No:.....
Savings Balance GH¢..... Loan Balance GH¢.....
Signature:.....Date:.....

LOANS COMMITTEE

If an applicant's loan is fully guaranteed by his/her savings, the approval of a member of the Loans Committee is sufficient.

If the signature of the Loans Committee Members are needed, all the members shown as present in the minutes at which this application was processed must sign.

AMOUNT REQUESTED:.....

AMOUNT APPROVED:.....

LOANS COMMITTEE MEMBERS

Name	Signature	Date

REASONS FOR LOAN NOT APPROVED:

.....