



HYDRO CO-OPERATIVE CREDIT UNION. REGD.NO. ER/NC/172

APPLICATION FOR LOAN
COMMUNITY LOAN FORM

NB: OFFICE USE ONLY

SAVINGS BALANCE GH¢ BANK TRANSACTION:
LOANS BALANCE GH¢ CHEQUE NO:
SHARE BALANCE GH¢ A/C. NO:

NAME:

AGE:

MARRIED/UNMARRIED:

NO OF DEPENDANTS:

HOUSE NO:

MOBILE / GT LINE

AMOUNT OF LOAN GH¢

AMOUNT IN WORD:

BANKERS:

DURATION OF REPAYMENT
(IN MONTHS)

INTEREST RATE %

MONTHLY SAVINGS GH¢

MONTHLY SHARES GH¢

MONTHLY PAYMENT GH¢

INSURANCE PREMIUM PAYABLE: GH¢

TERMS OF PAYMENT:

REASONS FOR THE LOAN (PLEASE TICK BELOW)

HOUSING	TRANSPORT	EDUCATION	MEDICAL	FUNERAL	OTHERS

**I WHOLE HEARTEDLY AGREE TO ABIDE BY THE RULES AND REGULATIONS
GOVERNING THE REPAYMENT OF THE LOAN AS APPROVED BY THE UNION.**

DATE:

SIGNATURE OF APPLICANT:

LOAN OFFICER COMMENTS:

.....SIGNATURE.....

MANAGER'S COMMENTS:

.....SIGNATURE.....

LOAN COMMITTEES APPROVAL RECOMMENDATION

Loan amount of (GHS)
Has been Approved for payment. Terms of repayment is accepted.

REASON:

SIGNATURE OF CHAIRMAN:

DATE:

SIGNATURE OF MEMBER:

DATE:

GUARANTORS

<u>NAME</u>	<u>AC NO</u>	<u>SUM OF MONEY PLEDGED</u>	<u>SIGNATURE/ THUMPRINT</u>
1.
<u>SAVINGS BALANCE</u>		<u>LOAN BALANCE</u>	<u>SHARE BALANCE</u>
GH¢		GH¢	GH¢
PHONE NO.	HOUSE NO.	LOCATION.	
INSTITUTION:		DEPARTMENT:	

<u>NAME</u>	<u>AC NO</u>	<u>SUM OF MONEY PLEDGED</u>	<u>SIGNATURE/ THUMPRINT</u>
2.
<u>SAVINGS BALANCE</u>		<u>LOAN BALANCE</u>	<u>SHARE BALANCE</u>
GH¢		GH¢	GH¢
PHONE NO.	HOUSE NO.	LOCATION.	
INSTITUTION:		DEPARTMENT:	

<u>NAME</u>	<u>AC NO</u>	<u>SUM OF MONEY PLEDGED</u>	<u>SIGNATURE/ THUMPRINT</u>
3.
<u>SAVINGS BALANCE</u>		<u>LOAN BALANCE</u>	<u>SHARE BALANCE</u>
GH¢		GH¢	GH¢
PHONE NO.	HOUSE NO.	LOCATION.	
INSTITUTION:		DEPARTMENT:	



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
E-mail: info@cuagh.com Website: www.cuagh.com

HYDRO EMPLOYEES

CO-OPERATIVE CREDIT UNION

SHORT APPLICATION - PART 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 _____
DD MM YR

Age _____

Occupation _____

Sex _____

Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Beneficiary _____ Relationship _____ Age _____

Address of Beneficiary _____

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 received advice
from your doctor that you are suffering from any illness?
If yes, please specify (for quality amount above GH¢10,000) ☐ 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 THE 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 authorization to CUA LTD. to seek any information from any doctor who has ever attended me or 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

DATE:

The Officer-In-Charge,
Hydro Credit Union,
P.O. Box AB 354,
Akosombo.

Dear Sir/Madam,

AUTHORITY NOTE

I do authorise your outfit to pay
my savings withdrawal / loan / STL amount of GH¢
when approved, into the account details as follows:

BANK:

NAME:

ACCOUNT NO.:

BRANCH:

Counting on your usual co-operation.

Yours faithfully,

Signature:

Name: