



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



NB: OFFICE USE ONLY

SAVINGS BALANCE GH¢.....

LOANS BALANCE GH¢.....

BANK TRANSACTION

CHEQUE NO

NAME:

AGE:

MARRIED/UNMARRIED:

AMOUNT OF LOAN GH¢.....

(AMOUNT IN WORDS)

MOBILE / GT LINE

TERMS OF PAYMENT:

(MONTHLY DEDUCTION / CASH)

PREVIOUS DEDUCTION GH¢.....

INSURANCE PREMIUM PAYABLE: GH¢

PERCENTAGE OF TOTAL DEDUCTIONS TO TOTAL EARNINGS LESS OVERTIME:%

REASONS FOR THE LOAN (PLEASE TICK BELOW)

HOUSING	TRANSPORT	EDUCATION	MEDICAL	FUNERAL	OTHERS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.....

PLEASE ATTACH A PHOTOCOPY OF YOUR CURRENT PAYSIP

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.....

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 _____ PTO TEL. No. _____

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 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 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.

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: