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**AWUTU EFFUTU SENYA TEACHERS' CO-OP CREDIT UNION LTD.**

P.O. BOX WB 201, WINNEBA



Passport Picture

**LOAN PROCESSING FORM**

Account Name : .....

Account No. : .....

Date Of Birth : .....

Mobile No. : .....

  

Personal Address : .....

House No/Direction to House : .....

  

Employer : .....

Employer Address : .....

Direction to work place : .....

Occupation : .....

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**LOAN PURPOSE:**

Explain the purpose:.....  
.....

**GUARANTORS:**

1. Name:..... A/C No.:..... Amount:.....  
Phone No.:..... Signature:.....

2. Name:..... A/C No.:..... Amount:.....  
Phone No.:..... Signature:.....

3. Name:..... A/C No.:..... Amount:.....  
Phone No.:..... Signature:.....

**DECLARATION**

I/We the undersigned wish to borrow an amount of .....  
..... (GH¢.....) and agree to pay  
back the principal amount and interest in ..... monthly installment(s).

I/We further declare that the above information is true to the best of my/our knowledge and  
agree to abide by the by-laws of the society, the loan policy and any variation set by the Loan  
Committee.

Signature/Thumbprint ..... Date .....

**FOR OFFICIAL USE ONLY**

MOBILE BANKERS' RECOMMENDATION AND PLEDGE:.....  
.....  
.....

LOAN OFFICER'S APPRAISAL:.....  
.....  
.....

MANAGER'S APPRAISAL:.....  
.....  
.....

**LOANS COMMITTEE ACTION**

1. Application Approved/Rejected:.....  
If rejected, give reasons:.....

2. Amount Approved (in words):.....  
In Figures GH¢: \_\_\_\_\_

**LOANS COMMITTEE APPROVAL** **ENDORSED BY**

\_\_\_\_\_  
Chairman Signature Date

\_\_\_\_\_  
Manager Signature Date

\_\_\_\_\_  
Secretary      Signature      Date

\_\_\_\_\_  
Treas./Vice      Signature      Date

\_\_\_\_\_  
Member      Signature      Date

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# CUA RISK MANAGEMENT PROGRAMME

P. O. Box 12148, Accra-North

Tel: (233) 0302-220-299 / 0307 - 001668 / 024 2922488

Email: info@cuagh.com / Website: www.cuagh.com / riskmanagement@cuagh.com

**AES Teachers CO-OP CREDIT UNION LTD.**

**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)

**Account Name:** \_\_\_\_\_

**Code:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**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 received 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.