Medical and Health Services Cooperative Credit Union

Kanifing Institutional Area - KMC, The Gambia, West Africa
Tel: +220 439 93 65 / 992 48 79 Email: mhsccu@hotmail.com

041843

Personal Details			
Name:	Telephone Number:	Address:	
		Email:	

Employment Information				
Employer / Place of Work	Payroll Number	Position / Title	Monthly Income(NET)	Employment Address
Employer Contact Number/Immediate Supervisor				

Loan Details					
Loan Type:	**Special / Normal Loan**	**Consumer Loan**	**SME**	**Emergency Loan**	**School Fees Loan**
Select loan type:					
Amount Required:	Amount in Words:				
D					
Purpose of loan:	☐ Agriculture ☐ Enterpreneurship/Business ☐ Construction ☐ Health ☐ Eductaion ☐ Transport ☐ Social Ceremonies ☐ Festive Purpose ☐ Legal Matters ☐ Disaster Relief ☐ Others (Specify)				

Proposed Repayments:			
Monthly Installments:	Number of months:		Date:
Payment Mode	☐ Payroll	☐ Cash	

Promissory Note:

For the value received on this date .....I (we) promised to pay Medical & Health Staff Credit Union the sum of D.....(Principal plus Interest) payable in consecutive monthly installment of D..... Together with interest commencing within one month of receipt of loan until the full amount has been paid with the appropriate inter est. Incase of default in payments herein agreed, the entire balance of this loan shall immediately become due and payable by the guarantors and any other balances in my savings and shares accounts.

Full Name Guarantor 1:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 2:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 3:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Direct Deduction and Authorisation

I authorised the treasurer to deduct directly from my salary and savings accounts the loan repayment installments together with interest and charges for late payment.

Member Signature		Account Number		Payroll Nunber	

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Important Checks

Credit History:		Monthly Savings	***D***
Regular loan payer ☐	Defaulter ☐	Previous loan balances b/f	***Amount:***

Risk of Default: High ☐ Low ☐

For Official use ONLY.

CHECKLIST

Guarantor's details and consent confirmed? ☐ Payslip ☐ Guarantor's ID ☐ Member's Signature ☐ Amount Guaranteed ☐ 50% Deduction ☐ Applicants' ID ☐

PREVIOUS LOANS / DEDUCTIONS

Loan Types	Amount	Repayment	Loan Types	Amount	Repayment
Normal Loan	D	D	Consumer Loan	D	D
Emergency Loan	D	D	School Fee Loan	D	D
Festive Loan	D	D	SME Loan	D	D
Monthly repayment for this loan	D		Total Monthly repayment	D	

TELLER'S COMMENTS

Deduction did not exceed the 50% threshold or net salary for loan repayment which is D.....

Teller Name: _____ Signature: _____

LOANS COMMITTEE / REGIONAL REPRESENTATIVE Endorsement (Atleast by one committee member or regional representative)

Amount Approved:	D
Loans Committee	
Regional Rep	

Total monthly repayment:	D
Signature:	
Date:	

APPROVAL AUTHORITY

MANAGEMENT / Head of Branch

Approved By

Name:..... **Signature:**.....

Designation:..... **Date:**.....

COMMENTS

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Tel: +220 439 93 65 / 992 48 79 Email: mhsccu@hotmail.com

041844

Personal Details			
Name:	Telephone Number:	Address:	
		Email:	

Employment Information				
Employer / Place of Work	Payroll Number	Position / Title	Monthly Income(NET)	Employment Address
Employer Contact Number/Immediate Supervisor				

Loan Details					
Loan Type:	**Special / Normal Loan**	**Consumer Loan**	**SME**	**Emergency Loan**	**School Fees Loan**
Select loan type:	☐	☐	☐	☐	☐
Amount Required:	Amount in Words:				
D					

Purpose of loan: ☐ Agriculture ☐ Enterpreneurship/Business ☐ Construction ☐ Health ☐ Eductaion ☐ Transport ☐ Social Ceremonies ☐ Festive Purpose ☐ Legal Matters ☐ Disaster Relief ☐ Others (Specify)

Proposed Repayments:			
Monthly Installments:	Number of months:		Date:
Payment Mode	☐ Payroll	☐ Cash	

Promissory Note:

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Full Name Guarantor 1:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 2:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 3:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

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Regular loan payer ☐	Defaulter ☐	Previous loan balances b/f	***Amount:***

Risk of Default: High ☐ Low ☐

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CHECKLIST

Guarantor's details and consent confirmed? ☐ Payslip ☐ Guarantor's ID ☐ Member's Signature ☐ Amount Guaranteed ☐ 50% Deduction ☐ Applicants' ID ☐

PREVIOUS LOANS / DEDUCTIONS

Loan Types	Amount	Repayment	Loan Types	Amount	Repayment
Normal Loan	D	D	Consumer Loan	D	D
Emergency Loan	D	D	School Fee Loan	D	D
Festive Loan	D	D	SME Loan	D	D
Monthly repayment for this loan	D		Total Monthly repayment	D	

TELLER'S COMMENTS

Deduction did not exceed the 50% threshold or net salary for loan repayment which is D.....

Teller Name: _____ Signature: _____

LOANS COMMITTEE / REGIONAL REPRESENTATIVE Endorsement (Atleast by one committee member or regional representative)

Amount Approved:	D
Loans Committee	
Regional Rep	

Total monthly repayment:	D
Signature:	
Date:	

APPROVAL AUTHORITY

MANAGEMENT / Head of Branch

Approved By

Name:..... **Signature:**.....

Designation:..... **Date:**.....

COMMENTS

Medical and Health Services Cooperative Credit Union

Kanifing Institutional Area - KMC, The Gambia, West Africa
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041845

Personal Details			
Name:	Telephone Number:	Address:	
		Email:	

Employment Information				
Employer / Place of Work	Payroll Number	Position / Title	Monthly Income(NET)	Employment Address
Employer Contact Number/Immediate Supervisor				

Loan Details					
Loan Type:	**Special / Normal Loan**	**Consumer Loan**	**SME**	**Emergency Loan**	**School Fees Loan**
Select loan type:					
Amount Required:	Amount in Words:				
D					

Purpose of loan: ☐ Agriculture ☐ Enterpreneurship/Business ☐ Construction ☐ Health ☐ Eductaion ☐ Transport ☐ Social Ceremonies ☐ Festive Purpose ☐ Legal Matters ☐ Disaster Relief ☐ Others (Specify)

Proposed Repayments:			
Monthly Installments:	Number of months:		Date:
Payment Mode	☐ Payroll	☐ Cash	

Promissory Note:

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Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 2:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 3:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Direct Deduction and Authorisation

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Member Signature		Account Number		Payroll Nunber	

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Important Checks

Credit History:		Monthly Savings	***D***
Regular loan payer ☐	Defaulter ☐	Previous loan balances b/f	***Amount:***

Risk of Default: High ☐ Low ☐

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CHECKLIST

Guarantor's details and consent confirmed? ☐ Payslip ☐ Guarantor's ID ☐ Member's Signature ☐ Amount Guaranteed ☐ 50% Deduction ☐ Applicants' ID ☐

PREVIOUS LOANS / DEDUCTIONS

Loan Types	Amount	Repayment	Loan Types	Amount	Repayment
Normal Loan	D	D	Consumer Loan	D	D
Emergency Loan	D	D	School Fee Loan	D	D
Festive Loan	D	D	SME Loan	D	D
Monthly repayment for this loan	D		Total Monthly repayment	D	

TELLER'S COMMENTS

Deduction did not exceed the 50% threshold or net salary for loan repayment which is D.....

Teller Name: _____ Signature: _____

LOANS COMMITTEE / REGIONAL REPRESENTATIVE Endorsement (Atleast by one committee member or regional representative)

Amount Approved:	D
Loans Committee	
Regional Rep	

Total monthly repayment:	D
Signature:	
Date:	

APPROVAL AUTHORITY

MANAGEMENT / Head of Branch

Approved By

Name:..... **Signature:**.....

Designation:..... **Date:**.....

COMMENTS

Medical and Health Services Cooperative Credit Union

Kanifing Institutional Area - KMC, The Gambia, West Africa
Tel: +220 439 93 65 / 992 48 79 Email: mhsccu@hotmail.com

041846

Personal Details			
Name:	Telephone Number:	Address:	
		Email:	

Employment Information				
Employer / Place of Work	Payroll Number	Position / Title	Monthly Income(NET)	Employment Address
Employer Contact Number/Immediate Supervisor				

Loan Details					
Loan Type:	**Special / Normal Loan**	**Consumer Loan**	**SME**	**Emergency Loan**	**School Fees Loan**
Select loan type:					
Amount Required:	Amount in Words:				
D					
Purpose of loan:	☐ Agriculture ☐ Enterpreneurship/Business ☐ Construction ☐ Health ☐ Eductaion ☐ Transport ☐ Social Ceremonies ☐ Festive Purpose ☐ Legal Matters ☐ Disaster Relief ☐ Others (Specify)				

Proposed Repayments:			
Monthly Installments:	Number of months:		Date:
Payment Mode	☐ Payroll	☐ Cash	

Promissory Note:

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Full Name Guarantor 1:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 2:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 3:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Direct Deduction and Authorisation

I authorised the treasurer to deduct directly from my salary and savings accounts the loan repayment installments together with interest and charges for late payment.

Member Signature		Account Number		Payroll Nunber	

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Important Checks

Credit History:		Monthly Savings	***D***
Regular loan payer ☐	Defaulter ☐	Previous loan balances b/f	***Amount:***

Risk of Default: High ☐ Low ☐

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CHECKLIST

Guarantor's details and consent confirmed? ☐ Payslip ☐ Guarantor's ID ☐ Member's Signature ☐ Amount Guaranteed ☐ 50% Deduction ☐ Applicants' ID ☐

PREVIOUS LOANS / DEDUCTIONS

Loan Types	Amount	Repayment	Loan Types	Amount	Repayment
Normal Loan	D	D	Consumer Loan	D	D
Emergency Loan	D	D	School Fee Loan	D	D
Festive Loan	D	D	SME Loan	D	D
Monthly repayment for this loan	D		Total Monthly repayment	D	

TELLER'S COMMENTS

Deduction did not exceed the 50% threshold or net salary for loan repayment which is D.....

Teller Name: _____ Signature: _____

LOANS COMMITTEE / REGIONAL REPRESENTATIVE Endorsement (Atleast by one committee member or regional representative)

Amount Approved:	D
Loans Committee	
Regional Rep	

Total monthly repayment:	D
Signature:	
Date:	

APPROVAL AUTHORITY

MANAGEMENT / Head of Branch

Approved By

Name:..... **Signature:**.....

Designation:..... **Date:**.....

COMMENTS

Medical and Health Services Cooperative Credit Union

Kanifing Institutional Area - KMC, The Gambia, West Africa

Tel: +220 439 93 65 / 992 48 79 Email: mhsccu@hotmail.com

041847

Personal Details			
Name:	Telephone Number:	Address:	
		Email:	

Employment Information				
Employer / Place of Work	Payroll Number	Position / Title	Monthly Income(NET)	Employment Address
Employer Contact Number/Immediate Supervisor				

Loan Details					
Loan Type:	**Special / Normal Loan**	**Consumer Loan**	**SME**	**Emergency Loan**	**School Fees Loan**
Select loan type:	☐	☐	☐	☐	☐
Amount Required:	Amount in Words:				
D					

Purpose of loan: ☐ Agriculture ☐ Enterpreneurship/Business ☐ Construction ☐ Health ☐ Eductaion ☐ Transport ☐ Social Ceremonies ☐ Festive Purpose ☐ Legal Matters ☐ Disaster Relief ☐ Others (Specify)

Proposed Repayments:			
Monthly Installments:	Number of months:		Date:
Payment Mode	☐ Payroll	☐ Cash	

Promissory Note:

For the value received on this date .....I (we) promised to pay Medical & Health Staff Credit Union the sum of D.....(Principal plus Interest) payable in consecutive monthly installment of D..... Together with interest commencing within one month of receipt of loan until the full amount has been paid with the appropriate inter est. Incase of default in payments herein agreed, the entire balance of this loan shall immediately become due and payable by the guarantors and any other balances in my savings and shares accounts.

Full Name Guarantor 1:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 2:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 3:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Direct Deduction and Authorisation

I authorised the treasurer to deduct directly from my salary and savings accounts the loan repayment installments together with interest and charges for late payment.

Member Signature		Account Number		Payroll Nunber	

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Important Checks

Credit History:		Monthly Savings	***D***
Regular loan payer ☐	Defaulter ☐	Previous loan balances b/f	***Amount:***

Risk of Default: High ☐ Low ☐

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CHECKLIST

Guarantor's details and consent confirmed? ☐ Payslip ☐ Guarantor's ID ☐ Member's Signature ☐ Amount Guaranteed ☐ 50% Deduction ☐ Applicants' ID ☐

PREVIOUS LOANS / DEDUCTIONS

Loan Types	Amount	Repayment	Loan Types	Amount	Repayment
Normal Loan	D	D	Consumer Loan	D	D
Emergency Loan	D	D	School Fee Loan	D	D
Festive Loan	D	D	SME Loan	D	D
Monthly repayment for this loan	D		Total Monthly repayment	D	

TELLER'S COMMENTS

Deduction did not exceed the 50% threshold or net salary for loan repayment which is D.....

Teller Name: _____ Signature: _____

LOANS COMMITTEE / REGIONAL REPRESENTATIVE Endorsement (Atleast by one committee member or regional representative)

Amount Approved:	D
Loans Committee	
Regional Rep	

Total monthly repayment:	D
Signature:	
Date:	

APPROVAL AUTHORITY

MANAGEMENT / Head of Branch

Approved By

Name:..... **Signature:**.....

Designation:..... **Date:**.....

COMMENTS

Medical and Health Services Cooperative Credit Union

Kanifing Institutional Area - KMC, The Gambia, West Africa
Tel: +220 439 93 65 / 992 48 79 Email: mhsccu@hotmail.com

041848

Personal Details			
Name:	Telephone Number:	Address:	
		Email:	

Employment Information				
Employer / Place of Work	Payroll Number	Position / Title	Monthly Income(NET)	Employment Address
Employer Contact Number/Immediate Supervisor				

Loan Details					
Loan Type:	**Special / Normal Loan**	**Consumer Loan**	**SME**	**Emergency Loan**	**School Fees Loan**
Select loan type:					
Amount Required:	Amount in Words:				
D					
Purpose of loan:	☐ Agriculture ☐ Enterpreneurship/Business ☐ Construction ☐ Health ☐ Eductaion ☐ Transport ☐ Social Ceremonies ☐ Festive Purpose ☐ Legal Matters ☐ Disaster Relief ☐ Others (Specify)				

Proposed Repayments:			
Monthly Installments:	Number of months:		Date:
Payment Mode	☐ Payroll	☐ Cash	

Promissory Note:

For the value received on this date .....I (we) promised to pay Medical & Health Staff Credit Union the sum of D.....(Principal plus Interest) payable in consecutive monthly installment of D..... Together with interest commencing within one month of receipt of loan until the full amount has been paid with the appropriate inter est. Incase of default in payments herein agreed, the entire balance of this loan shall immediately become due and payable by the guarantors and any other balances in my savings and shares accounts.

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Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 2:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 3:		Account No:	
Amount Guaranteed:		Residential Address:	
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Direct Deduction and Authorisation

I authorised the treasurer to deduct directly from my salary and savings accounts the loan repayment installments together with interest and charges for late payment.

Member Signature		Account Number		Payroll Nunber	

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Important Checks

Credit History:		Monthly Savings	***D***
Regular loan payer ☐	Defaulter ☐	Previous loan balances b/f	***Amount:***

Risk of Default: High ☐ Low ☐

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CHECKLIST

Guarantor's details and consent confirmed? ☐ Payslip ☐ Guarantor's ID ☐ Member's Signature ☐ Amount Guaranteed ☐ 50% Deduction ☐ Applicants' ID ☐

PREVIOUS LOANS / DEDUCTIONS

Loan Types	Amount	Repayment	Loan Types	Amount	Repayment
Normal Loan	D	D	Consumer Loan	D	D
Emergency Loan	D	D	School Fee Loan	D	D
Festive Loan	D	D	SME Loan	D	D
Monthly repayment for this loan	D		Total Monthly repayment	D	

TELLER'S COMMENTS

Deduction did not exceed the 50% threshold or net salary for loan repayment which is D.....

Teller Name: _____ Signature: _____

LOANS COMMITTEE / REGIONAL REPRESENTATIVE Endorsement (Atleast by one committee member or regional representative)

Amount Approved:	D
Loans Committee	
Regional Rep	

Total monthly repayment:	D
Signature:	
Date:	

APPROVAL AUTHORITY

MANAGEMENT / Head of Branch

Approved By

Name:..... **Signature:**.....

Designation:..... **Date:**.....

COMMENTS

Medical and Health Services Cooperative Credit Union

Kanifing Institutional Area - KMC, The Gambia, West Africa
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041849

Personal Details			
Name:	Telephone Number:	Address:	
		Email:	

Employment Information				
Employer / Place of Work	Payroll Number	Position / Title	Monthly Income(NET)	Employment Address
Employer Contact Number/Immediate Supervisor				

Loan Details					
Loan Type:	**Special / Normal Loan**	**Consumer Loan**	**SME**	**Emergency Loan**	**School Fees Loan**
Select loan type:	☐	☐	☐	☐	☐
Amount Required:	Amount in Words:				
D					

Purpose of loan: ☐ Agriculture ☐ Enterpreneurship/Business ☐ Construction ☐ Health ☐ Eductaion ☐ Transport ☐ Social Ceremonies ☐ Festive Purpose ☐ Legal Matters ☐ Disaster Relief ☐ Others (Specify)

Proposed Repayments:			
Monthly Installments:	Number of months:		Date:
Payment Mode	☐ Payroll	☐ Cash	

Promissory Note:

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Full Name Guarantor 2:		Account No:	
Amount Guaranteed:		Residential Address:	
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Amount Guaranteed:		Residential Address:	
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Risk of Default: High ☐ Low ☐

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Emergency Loan	D	D	School Fee Loan	D	D
Festive Loan	D	D	SME Loan	D	D
Monthly repayment for this loan	D		Total Monthly repayment	D	

TELLER'S COMMENTS

Deduction did not exceed the 50% threshold or net salary for loan repayment which is D.....

Teller Name: _____ Signature: _____

LOANS COMMITTEE / REGIONAL REPRESENTATIVE Endorsement (Atleast by one committee member or regional representative)

Amount Approved:	D
Loans Committee	
Regional Rep	

Total monthly repayment:	D
Signature:	
Date:	

APPROVAL AUTHORITY

MANAGEMENT / Head of Branch

Approved By

Name:..... **Signature:**.....

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COMMENTS

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Personal Details			
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Employment Information				
Employer / Place of Work	Payroll Number	Position / Title	Monthly Income(NET)	Employment Address
Employer Contact Number/Immediate Supervisor				

Loan Details					
Loan Type:	**Special / Normal Loan**	**Consumer Loan**	**SME**	**Emergency Loan**	**School Fees Loan**
Select loan type:	☐	☐	☐	☐	☐
Amount Required:	Amount in Words:				
D					
Purpose of loan:	☐ Agriculture ☐ Enterpreneurship/Business ☐ Construction ☐ Health ☐ Eductaion ☐ Transport ☐ Social Ceremonies ☐ Festive Purpose ☐ Legal Matters ☐ Disaster Relief ☐ Others (Specify)				

Proposed Repayments:			
Monthly Installments:	Number of months:		Date:
Payment Mode	☐ Payroll	☐ Cash	

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Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 2:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 3:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

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Member Signature		Account Number		Payroll Nunber	

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Credit History:		Monthly Savings	***D***
Regular loan payer ☐	Defaulter ☐	Previous loan balances b/f	***Amount:***

Risk of Default: High ☐ Low ☐

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CHECKLIST

Guarantor's details and consent confirmed? ☐ Payslip ☐ Guarantor's ID ☐ Member's Signature ☐ Amount Guaranteed ☐ 50% Deduction ☐ Applicants' ID ☐

PREVIOUS LOANS / DEDUCTIONS

Loan Types	Amount	Repayment	Loan Types	Amount	Repayment
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Emergency Loan	D	D	School Fee Loan	D	D
Festive Loan	D	D	SME Loan	D	D
Monthly repayment for this loan	D		Total Monthly repayment	D	

TELLER'S COMMENTS

Deduction did not exceed the 50% threshold or net salary for loan repayment which is D.....

Teller Name: _____ Signature: _____

LOANS COMMITTEE / REGIONAL REPRESENTATIVE Endorsement (Atleast by one committee member or regional representative)

Amount Approved:	D
Loans Committee	
Regional Rep	

Total monthly repayment:	D
Signature:	
Date:	

APPROVAL AUTHORITY

MANAGEMENT / Head of Branch

Approved By

Name:..... **Signature:**.....

Designation:..... **Date:**.....

COMMENTS

Medical and Health Services Cooperative Credit Union

Kanifing Institutional Area - KMC, The Gambia, West Africa

Tel: +220 439 93 65 / 992 48 79 Email: mhsccu@hotmail.com

041851

Personal Details			
Name:	Telephone Number:	Address:	
		Email:	

Employment Information				
Employer / Place of Work	Payroll Number	Position / Title	Monthly Income(NET)	Employment Address
Employer Contact Number/Immediate Supervisor				

Loan Details					
Loan Type:	**Special / Normal Loan**	**Consumer Loan**	**SME**	**Emergency Loan**	**School Fees Loan**
Select loan type:					
Amount Required:	Amount in Words:				
D					

Purpose of loan: ☐ Agriculture ☐ Enterpreneurship/Business ☐ Construction ☐ Health ☐ Eductaion ☐ Transport ☐ Social Ceremonies ☐ Festive Purpose ☐ Legal Matters ☐ Disaster Relief ☐ Others (Specify)

Proposed Repayments:			
Monthly Installments:	Number of months:		Date:
Payment Mode	☐ Payroll	☐ Cash	

Promissory Note:

For the value received on this date .....I (we) promised to pay Medical & Health Staff Credit Union the sum of D.....(Principal plus Interest) payable in consecutive monthly installment of D..... Together with interest commencing within one month of receipt of loan until the full amount has been paid with the appropriate inter est. Incase of default in payments herein agreed, the entire balance of this loan shall immediately become due and payable by the guarantors and any other balances in my savings and shares accounts.

Full Name Guarantor 1:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 2:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Full Name Guarantor 3:		Account No:	
Amount Guaranteed:		Residential Address:	
Telephone Number:		Signature:	

Direct Deduction and Authorisation

I authorised the treasurer to deduct directly from my salary and savings accounts the loan repayment installments together with interest and charges for late payment.

Member Signature		Account Number		Payroll Nunber	

Important Checks			
Credit History: Regular loan payer ☐ Defaulter ☐		Monthly Savings	*D*
		Previous loan balances b/f	***Amount:***

Risk of Default:	High ☐	Low ☐

For Official use ONLY.

CHECKLIST

Guarantor's details and consent confirmed? ☐ Payslip ☐ Guarantor's ID ☐ Member's Signature ☐ Amount Guaranteed ☐ 50% Deduction ☐ Applicants' ID ☐

PREVIOUS LOANS / DEDUCTIONS

Loan Types	Amount	Repayment	Loan Types	Amount	Repayment
Normal Loan	D	D	Consumer Loan	D	D
Emergency Loan	D	D	School Fee Loan	D	D
Festive Loan	D	D	SME Loan	D	D
Monthly repayment for this loan	D		Total Monthly repayment	D	

TELLER'S COMMENTS

Deduction did not exceed the 50% threshold or net salary for loan repayment which is D.....

Teller Name: _____ Signature: _____

LOANS COMMITTEE / REGIONAL REPRESENTATIVE Endorsement (Atleast by one committee member or regional representative)

Amount Approved:	D
Loans Committee	
Regional Rep	

Total monthly repayment:	D
Signature:	
Date:	

APPROVAL AUTHORITY

MANAGEMENT / Head of Branch

Approved By

Name:..... **Signature:**.....

Designation:..... **Date:**.....

COMMENTS
