



Medical and health services cooperative credit unions

Kanifing Institutional Area - KMC, The Gambia, West Africa

Tel: +220 439 93 65 / 992 48 79

Email: mhscu@hotmail.com

033878

Personal Details

Name:	Place of Work / Dept:	Staff No:	Telephone:
			Net Salary:

Address

Home Address:	Monthly Savings:	Email Address:
	D	

Loan Details

Loan Type:	Special / Normal Loan	Consumer Loan	Emergency Loan	School Fees Loan
Select loan type:				
Amount Required:	Amount in Words:		Previous loan balances (if any): D	
D				
Purpose of loan:	<input type="checkbox"/> Agriculture <input type="checkbox"/> Entrepreneurship/Business <input type="checkbox"/> Construction <input type="checkbox"/> Health <input type="checkbox"/> Education <input type="checkbox"/> Transport <input type="checkbox"/> Social Ceremonies <input type="checkbox"/> Festive Purpose <input type="checkbox"/> Legal Matters <input type="checkbox"/> Disaster Relief <input type="checkbox"/> Others (Specify)			

Proposed Repayments:

Monthly Installments:	Number of months:	Date:
-----------------------	-------------------	-------

Promissory Note:

For the value received on this dateI (we) promised to pay Medical & Health Staff Credit Union the sum of D.....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 interest. 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 . I (we) hereby pledge all paid savings and payments on accounts of savings, which I (we) now have or had after may have in this Credit Union as security for repayments of this loan together with interest, costs and expenses.

Signature of Applicant:	Account No:
-------------------------	-------------

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:

Important Checks

Net Salary	D	Monthly Savings	D
Credit History:	Previous loan balances b/f		Amount:
Regular loan payer <input type="checkbox"/>	Defaulter <input type="checkbox"/>		
Risk of Default:	High <input type="checkbox"/>	Low <input type="checkbox"/>	

Direct Deduction and Authorisation

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

Signature of Borrower:	Staff No:
------------------------	-----------

For Official use ONLY.

CHECKLIST

Guarantor's details and consent confirmed?

YES

☐

NO

☐

PREVIOUS LOANS

Normal Loan

D

Emergency Loan

D

Tobaski/Christmas Loan

D

Monthly repayment for this loan applied

D

TELLER'S COMMENTS

Teller Name: _____

Signature: _____

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

Amount Approved:

D

Signature:

Loans Committee

Regional Rep 1:

Regional Rep 2:

Total monthly repayment:

D

Date:

APPROVAL AUTHORITY

MANAGEMENT / REGIONAL TELLER

Approved By

Name:.....

Signature:.....

Designation:.....

Date:.....

COMMENTS