

ARCCU ONLINE LOAN APPLICATION AND INITIAL CONTRACT FORM

NAME:		BRANCH:	
ACCOUNT NO:		CONTACT NUMBER:	
ADDRESS (INCLUDE DIGITAL ADDRESS/GHANA POST GPS):			
LOAN AMOUNT (GH¢):		NO. OF REPAYMENTS (IN MONTHS):	
PURPOSE OF LOAN:			
REPAYMENT MODE	DAILY/BOBRAPA () DIRECT DEBIT () CHEQUES () B. TRANSFER ()		
SECURITY: YES () NO ()		SECURITY TYPE	SECURITY DOCT NO:
MAIN INCOME SOURCE			
SECONDARY INCOME			

BASIC TERMS AND AGREEMENT

I, DECLARE AS FOLLOWS:

1. THAT I HEREBY APPLY TO ACCESS THE LOAN VALUE GIVEN ABOVE
2. THAT I ALSO ACCEPT THE INTEREST BASED ON THE MONTHLY REDUCING BALANCE PRINCIPLE (WHICH REQUIRES THE PAYMENT OF MONTHLY INSTALMENTS)
3. THAT I UNDERTAKE TO GO BY THE STATED REPAYMENT SCHEDULE
4. THAT I UNDERSTAND AND ACCEPT THAT TWO MISSED PAYMENTS MAKE THE ENTIRE LOAN BALANCE DUE
5. THAT A NON-PAYMENT ACTS TO INCREASE THE INTEREST DUE AND PAYABLE
6. THAT IN THE EVENT OF A NON-PAYMENT, ARCCU RESERVES THE RIGHT TO USE PART OF MY SAVINGS TO SERVICE THE INTEREST DUE
7. THAT I HAVE AN OBLIGATION TO RENEW MY LOAN INSURANCE WHEN IT EXPIRES
8. THAT ARCCU RESERVES THE RIGHT TO CONDUCT A CREDIT REFERENCE CHECK ON ME
9. THAT BY SIGNING THIS DOCUMENT, I INDICATE MY UNDERSTANDING AND ACCEPTANCE OF THE TERMS HEREIN FOR THE LOAN AND ITS REPAYMENT

SIGNATURE:	DATE:
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CONFIRMATION (OFFICIAL USE ONLY)	
MEMBER NAME:	
ACCOUNT NUMBER:	
STAFF NAME:	STAFF SIGNATURE & DATE:



Ghana Co-operative Credit Unions Association (CUA) Ltd.

P. O Box 12148, Accra-North

Tel: (233) -021-220-299 /-021-231-717 / 020-8021555

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CO-OPERATIVE CREDIT UNION

APPLICATION FORM – PART 1

NAME: _____ ACCOUNT NO: _____

Date of Birth _____ / _____ / _____ Age _____
 DD MM YR

Marital Status Married Single Widowed Divorced

Beneficiary _____ Relationship _____ Age _____
 PTO

Address of Beneficiary _____

- 1. Have you ever been diagnosed of cancer? Yes No
- 2. Have you ever been diagnosed of HIV or AIDS? Yes No
- 3. At present are you aware of or have you received advice from your doctor that you are suffering from any illness? Yes No
 If yes, please specify (for quality amount above ϕ 10m)

NOTE: If # 3 IS ANSWERED 'YES' THEN THE APPLICATION FORM PART 2 MUST BE COMPLETED AND SUBMITTED TO **CUA LTD.** 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 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. TOGETHER WITH APPLICATION FORM PART 2 ONLY IF QUESTION 3 IS ANSWERED 'YES' OR IN CASE OF CLAIM.