VOLTA LAKE CO-OPERATIVE CREDIT UNION LIMITED

BUSINESS LOAN APPLICATION FORM

SECTION 1. CUSTOMER INFORMATION

Full Name of Applicant: _____ Account No.: _____

Date of Birth: _____ Residential Address: _____ Sex: ____

Telephone: _____ Occupation: _____ Place of Work: _____

Office Address_____ Email: _____

Business Name: _____

Date of Incorporation: _____ Business Telephone No.: _____

Business Address (Location & GPS):_____

SECTION 2. LOAN REQUESTED

Amount (In Figure & Words)	
Purpose	
Duration (In Figure & Words)	

SECTION 3. SECURITY OFFERED

☐ Guarantee Fund of _____% ☐ Post Dated Cheques ☐ Receivables/Stock/ Other Assets

☐ Guarantor: Name:_____ Tel:_____

SECTION 4. DECLARATION

I certify that the information provided above is true and I am aware that the detection of any false declaration renders my application void.

Signature of Applicant_____ Date._____

SECTION 5. OFFICE USE ONLY (ACCOUNT OPERATION)

ACCOUNT RECORD IN THE LAST 6 MONTHS		LATEST ACCOUNT BALANCES	
Total Credit (GHS)	:	Shares (GHS)	:
Total Debit (GHS)	:	Main Savings (GHS)	:
Outstanding Loan Bal. (GHS)	:	Other Savings (GHS)	:

CUA RISK MANAGEMENT PROGRAMME
P. O Box 12148, Accra-North
Tel: (233) 0302-220-299 / 0307-001688 / 0242-922488
Email: info@cuagh.com / Website: www.cuagh.com / riskmanagement@cuagh.com

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CO-OPERATIVE CREDIT UNION

APPLICATION FORM – PART 1

LOAN INSURANCE 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 _____/_____/_____ Age_____
DD MM YR

Occupation _____ Sex _____

Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Beneficiary _____ Relationship _____ Age_____
PTO

Address of Beneficiary_____ Tel. # _____

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? If yes, please specify (for quality amount above GH¢1,000.00) ☐ Yes ☐ No

_____

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.**