



PSWU FUND



LOAN APPLICATION FORM (FOR CONTROLLER AND ACCOUNTANT GENERAL APPLICANTS)

This loan application and agreement form constitutes a legally binding agreement between the loan applicant and PSWU Fund

LOAN APPLICATION DATE

Day..... Month..... Year.....

APPLICANT NAME AND ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SURNAME	FIRST NAME	MIDDLE NAME	TITLE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH Day..... Month..... Year.....	GHANA CARD NUMBER	OTHER ID NUMBER	ID TYPE

Residential Address (Physical Location)

House no:	<input type="text"/>
Land mark:	<input type="text"/>
Town/Region:	<input type="text"/>
GPS Address	<input type="text"/>

Postal Address

Postal Box:	<input type="text"/>
Location:	<input type="text"/>
Town/Region:	<input type="text"/>

Mobile No.1:	<input type="text"/>	Mobile No.2:	<input type="text"/>	Email:	<input type="text"/>
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EMERGENCY CONTACT PERSON (18 YEARS AND ABOVE)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SURNAME	FIRST NAME	MIDDLE NAME	TITLE

Residential Address of contact person

House no:	<input type="text"/>
Land mark:	<input type="text"/>
Town/Region:	<input type="text"/>
GPS Address	<input type="text"/>

Gender:

M	<input type="checkbox"/>	F	<input type="checkbox"/>
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Mobile No.1	<input type="text"/>
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Mobile No.2	<input type="text"/>
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Relation to loan applicant	<input type="text"/>
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EMPLOYMENT DETAILS

Employer / Division:

Office Location:

Employee / Staff No

Rank / Designation

Employment start date:

Are you a member of PSWU?

Yes No

Date of first contribution to the PSWU Fund / / /

LOAN DETAILS

Loan Purpose

Loan Amount (GhC)

Amount in words

Monthly Loan Deduction (GhC)

Net Salary (GhC)

C.A.G.D Mandate No

O.T.P Code

Loan Terms (Months)

6 12 18 24 30 36



BANK DETAILS AND PAYMENT MODE (HOW SHOULD THE MONEY BE PAID TO YOU?)

Please indicate your choice

MOMO BANK

MOMO NO MOMO NAME

BANK ACC. NO BANK NAME BRANCH

DECLARATION AND ACKNOWLEDGEMENT OF LOAN BY MEMBER

I have read the general Fund Policy and conditions of this Loan Agreement and fully consent to it.

Name..... Signature: Date:

FOR PSWU FUND SECRETARIAT USE ONLY

AMOUNT APPROVED (GHC) INSTALLMENT PER MONTH (GHC)

NUMBER OF MONTHS TOTAL LOAN PAYMENT (GHC)

Comment(s):

Name of Approving Authority: Designation:

Signature: Date:

Comment(s):


PSWU FUND



FROM (LOAN APPLICANT ADDRESS)

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.....
.....

TO

The Fund Manager,
PSWU Fund,
P.O Box TU 11,
Room 8, 5th Floor of Hall of Trades Unions,
Accra, Ghana.

Dear Sir / Madam

I am a member of the PSWU Fund at local. Pursuant to agreeing to the terms and conditions of this Fund Policy to grant me a loan of Ghc
I hereby authorize you to deduct at source from my salary, the monthly deduction of Ghc for a period of (months) from the Controller and Account General's department with effect from this day of (month).....year.....

EMPLOYER / LOCAL EXECUTIVE DECLARATION

The Fund Manager
PSWU Fund
Hall of Trades Union
Accra, Ghana
Dear Sir / Madam

In consideration of the PSWU Fund agreeing to grant a loan to Brother / Sister (name)..... of (Local), we irrevocably undertake the acknowledgement and signing of this agreement. We further declare , in the event of his / her resignation, dismissal, vacation of post or death, we undertake to ensure that his / her pension and or any other entitlement due him / her is paid direct into the Fund's account. We undertake to notify the Fund within fourteen (14) days in the event of vacation of post, transfer, resignation, retirement or death.

AUTHORIZATION

(IMMEDIATE REPRESENTATIVE OF EMPLOYER)

Name: Signature: Rank/Designation:
Tel No:

(LOCAL UNION CHAIRMAN / SECRETARY)

Name: Signature: Tel No:

Rank/Designation: