



# PSWU FUND



## LOAN APPLICATION FORM (SELF FINANCING INSTITUTIONS)

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  F

Mobile No.1

Mobile No.2

Relation to loan applicant

### 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)

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)**

.....  
.....  
.....

**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 Employee Payroll / H.R 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: .....