

**PSWU FUND****LOAN GUARANTEE FORM**

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

I.....herein referred to as the Principal Guarantor) and in consideration of the PSWU Fund granting a loan of GHC.....to Brother / Sister.
(Applicant Name).....(Applicant Staff ID)..... hereby guarantee as follows:

- a. That, I guarantee the loan applicant will promptly pay the full of the principal and the interest due to the PSWU Fund according to the terms and conditions of the loan provided in the agreement.
- b. That I, the guarantor will facilitate the payment and /or pay the full loan and accrued interest on the loan in the event of default by the loan applicant.
- c. That, this personal guarantee may not be transferred or assigned without a written document signed by the guarantor, loan borrower and PSWU Fund, permitting such assignment or transfer. That the borrower cannot leave his/her establishment without paying the loan in full or reaching an agreement to pay the loan in full.

PRINCIPAL GUARANTOR DETAILS**(Must be a contributor to the Fund and known the applicant for at least two years)**

Ghana Card No:..... Guarantor Staff ID:.....
Address:..... Place of Work:.....
GPS Address:..... Contact:.....
Other ID Type:.....
Signature:..... Date(DD/MM/YY):.....

GUARANTOR 2 (FAMILY MEMBER-MUST NOT BE BELOW 18 YEARS)

Name:.....
Signature/Thumbprint:..... Contact:.....
Ghana Card No:..... House/Work Address:.....
GPS Address:..... Date(DD/MM/YY):.....

DIVISIONAL UNION AND EMPLOYER AUTHORIZATION

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 Provident/Welfare Fund 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:.....

**UNION CHAIRMAN / SECRETARY**

Name:.....
Signature:.....
Rank / Designation:.....
Tel No:.....