



CATHOLIC ARCHDIOCESE OF KUMASI CO-OP UNION FOR DEVELOPMENT (CAKCSOD), KUMASI

FUNERAL LOAN FORMS

BRANCH:.....

BORROWER

Name:.....Date.....

(Surname First)

Home Address:.....

Direction to Residence:.....

Postal Address:.....Date.....Sex.....

Date of Birth:..... Tel. No.:.....

Account Number(s):.....Marital Status:.....

Name of Spouse..... Telephone Nos.....

ID Type..... ID Number:.....

Relation with Deceased:.....

DECEASED

Name of Deceased:.....Sex.....

Home Town.....Date of Expire.....

Evidence of Death.....Date of Funeral.....

Venue of Funeral.....Town/Village.....

ACCOUNT INFORMATION:

Account Type & Number Date Opened.....

Account Balance Share Balance.....

SECURITY

Type..... Description & Value.....

LOAN DETAILS

Number of Times Given CreditAmount Requested GHS.....
Date Needed.....Duration(Days/Weeks)

LOAN APPLICATION AND AUTHORIZATION: I hereby apply for the loan as stated. The information I have provided is to the best of my knowledge true and correct. I authorize (CAKCSOD) to verify the correctness of this information and also obtain additional information it deems necessary in evaluating my loan application.

Date.....Borrower’s Signature/Thumbprint:.....

RECOMMENDATION & APPROVAL

NAME OF APPLICANT:

LOAN OFFICER.....

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BRANCH MANAGER.....

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LOAN MANAGER.....

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GENERAL MANAGER

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