

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

SALARY LOAN FORM

PERSONAL DETAILS

Full Name	(Surname first)	Account Nos
Residential address	,	
Direction to residence.		
Date of birth:	Tel No:	Sex
ID type:	ID No:	Marital status
Name of Spouse		
Occupation	Telephone N	los
EMPLOYMENT DE	ΓAILS	
Name of Employer		
Year employed	Current Positi	on
Current Station	Curi	rent Salaries of Applicant
Bankers	Any Lo	oan from Other Bank
Monthly Income		
Net monthly salary	GH ¢	
Allowance	GH¢	
Any other source of inc	come GH¢	
Total Income	GH¢	
LOAN REQUEST		
Amount of facility requ	uested: GH¢	
Proposed monthly insta	allment GH¢P	eriod of repayment
Purpose of the loan		

Previous Record	
No. of Times Given Credit	Latest Credit Given
Date Granted	Repayment Period
Final Payment Date	
LOAN AUTHORIZATION:	
I hereby apply for loan stated above. The information knowledge true and correct. I authorized Catholic Arc Development (CAKCSOD) to verify the correctness of information it deems necessary in evaluate my loan approximation.	chdiocese of Kumasi Co-operative Society for of the information and also to obtain additional
Borrower Signature:	. Date:
Witness:	. Date :
EMPLOYERS UNDERTAKEN AND CONFIRMA	<u>ATION</u>
I	In my capacity as the
	do hereby acknowledge that
the monthly salary payment into his account to facilitate	
The institution shall advise (CAKCSOD) immediatel to the Bank if the above named employee leaves this	· · · · · · · · · · · · · · · · · · ·
Should the institution find it necessary to change the advise the bank of the change.	employee's location of employment, we shall
The institution confirms that at this letter of undertak contrary by CAKCSOD.	en remains in full force until advised to the
Signature Sig	gnature

(Head of Accounts Department)

(Head of Department/Institution/Administrator)

OFFICE USE ONLY CREDIT APPRAISAL REPORT

NAME OF APPLICANT:
PURPOSE OF THE LOAN:
LOAN OFFICER\S RECOMMENDATION.
LOANS COMMITTEE