



UCH CHRISTIAN WELFARE



U.C.H. IBADAN

Loan Form

Dr. /Mr. /Mrs. /Miss.: _____ Membership No.: _____

Department: _____ Date: _____ Phone No.: _____ IPPIS No.: _____

Bank: _____ Acct. Name. : _____ Acct. No.: _____

Through the Secretary
To: The President,
UCH Christian Welfare,
U.C.H. Ibadan.

APPLICATION FOR LOAN

I wish to apply for the loan of _____ (N K) for the purpose of _____ . I confidently promise to repay the loan on or before the duration _____ month(s) unflinching with monthly repayment of N _____ : _____ .

Failure of which I empower you to institute any step(s) against me to enforce the recovery of the loan.
Thanks for considerable attention.

Monthly Deduction Breakdown

NORMAL LOAN	SPECIAL LOAN	COMMODITY	LAND	T.SAVINGS	SAVINGS	RET. SAVINGS	SHARES	SAVINGS	MONTHLY DED.

Yours faithfully.

Applicant's Signature

NOTE: All application Forms must be returned with recent payslip on or before the 10th of every month. Moreover, non-deduction directly by IPPIS is not an excuse not to make your monthly repayment of your loan be reminded that defaulter will be sanctioned accordingly. Sureties must be members of the association. Amount from ₦500, 000 and above must be signed by Senior Staffs only.

Name and Signature of Sureties:

We hereby undertake to be liable for the repayment of the loan to the above association if he/she default. We hereby submit a copy of our Staff Identification Card as a means of consent.

Thanks.

Name & IPPIS NO	Mem. No	Grade Level	Signature	Phone number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

FOR OFFICIAL USE

Applicant financial position as at _____ 20_____

SHARES	SAVINGS	OUTSTANDING LOANS BALANCE	REMARKS

MR. ALERIWA, W.R.
Treasurer

MRS. AKINTADE O. I.
Secretary

MR. EGBEYALE, O.M.
President