

JUSCOFUND LOAN APPLICATION FORM

Date:

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From:

.....

(Applicant's Name & Address)

Tel:

PLEASE INSERT
YOUR PASSPORT
PICTURE HERE

To: The General Manager,
Judicial Service Staff Co-Operative Fund;
Head Office Branch, Supreme Court.

Dear Sir/Madam,

APPLICATION FOR A JUSCOFUND LOAN

I wish to apply for a personal loan of **Ghs**
..... for the
purpose of against my salary for the next
..... months.

I wish to repay the said loan within an instalment period of months (**N/B: Minimum instalment period is 6 months & Maximum instalment period is 36 months**).

I have also attached all the required document for your review.

Yours faithfully,

.....

Name:

Date:

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PERSONAL DETAILS

Title. Dr. ☐ Mr. ☐ Miss. ☐ Mrs. ☐ Other

First Name:

Last Name:

Maiden Name:

Country of Birth:

Date of Birth: Age: Place of Birth:

Gender: Male ☐ Female ☐ Other (Specify)

Ghana Card Number: Expiry Date:

Marital Status: Single ☐ Married ☐ Other (Specify)

Nationality:

Type of Residence:

Owned ☐ Family House ☐ Rented ☐ Others (Specify)

Occupancy Since:

If Rented, Landlord/ Landlady Details

Name of Landlord/ Landlady:

Mobile No.:

Rent Amount:

Frequency of Rent: Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐

Residential Address:

Closest Landmark:

District/ Municipality:

Digital Address: Email Address:

Mobile No. 1: Mobile No. 2:

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CONTACT PERSON'S DETAILS

Title. Dr. ☐ Mr. ☐ Miss. ☐ Mrs. ☐ Other

Relation to Applicant: Years Known:

First Name:

Last Name:

Maiden Name:

Gender: ☐ Male ☐ Female

Postal Address:

Residential Address: Closest Landmark:

Town: District/ Municipality:

Digital Address: Email Address:

Mobile No. 1: Mobile No. 2:

JURAT CLAUSE (Applicable where the Applicant was assisted by a third- party in filling the form)

I agree to abide by the content of this Agreement and acknowledge that it has been truly and audibly read over and or explained to me by a reader/ interpreter. The language of interpretation is

Applicant's Name

Signature:

Interpreter's Name:

Signature:

Address of Reader/ Interpreter:

Mobile No:

JUSCOFUND LOAN APPLICATION FORM

Name of Loan Applicant: (*Contact:*)

GUARANTOR DETAILS (1)

Title. Dr. ☐ Mr. ☐ Miss. ☐ Mrs. ☐ Other

First Name:

Last Name:

JUSCOFund Account Number:

Gender: ☐ Male ☐ Female Staff ID:

Amount of Savings Pledged as Guarantee:

Number of Members already Pledged for:

Mobile No. 1: Email Address:

Signature:

GUARANTOR DETAILS (2)

Title. Dr. ☐ Mr. ☐ Miss. ☐ Mrs. ☐ Other

First Name:

Last Name:

JUSCOFund Account Number:

Gender: ☐ Male ☐ Female Staff ID:

Amount of Savings Pledged as Guarantee:

Number of Members already Pledged for:

Mobile No. 1: Email Address:

Signature:

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DECLARATION BY APPLICANT

I, do hereby declare that, the information provided above is the most current and accurate information.

I consent to JUSCOFund making available information on the facility to the Central Data Bank of the Association of Bankers and the Credit Reference Bureau and Agencies.

Applicant's Signature:

Date:

FOR OFFICIAL USE ONLY

Assessment Officer:

Signature:

Date:

Approved By:

Signature:

Date:

NOTES

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