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**CONSUMER LOAN APPLICATION FORM** Please complete this form in block letters and return to the Account Officer in your local branch.

## PERSONAL INFORMATION

Title S	Surname	First name	Middle name	
Place of origin	Region & D	istrict of origin	(Mandatory)	
Sex Marital		Separated Divorced Widowed	Day Month Yea	ar
Number of dependants Children & relatives you are	financially responsible		educational level	
Average monthly expenses		Total monthly pa to creditors	yments	
Residential Address (Not P.O Box address)				
Is residence: Owned		ented	Other	
Time at current address	Years <u>&amp; months</u>	Time at previous a	ddress	
Postal address (If different current residential	+		nber of cars currently owned	
address)			-mail	
Home phone		Mobile p	hone	
Fax		Work phone		
National ID Type/ Number		SSNIT	D number	
International passport Number If applicant does not own and a recent passport ph		Driver's licence r number ssport, National ID, NHIS or D	number rivers license, please attach Voter ID	
Name of spouse		Spouse's place of employment		
Spouse's Phone		Annual income of spouse		
EMPLOYMENT IN	FORMATION			
Job title	Emplo	Jnr. Staff yment classification	Snr. Staff Mgt. Exec.	
Permane Employment status	ent Contract Nam	ne of current employer		
Occupation		Industry		
Business address		Office	phone	
Date of employment		Age of business in years(If se	۱f employed)	
				1



Number o	f years to retirement		Expected terr	minal benefits	
After-tax o	annual income		Basic	c monthly salary	
TOTAL OTH	IER PAYMENTS				
Month	Payments	Month	Payments	Month	Payments
Januar		February		March	
У					
April		Мау		June	
July		August		September	
Octob er		November		December	
_	uctions (if any) currently of salary			Day of month salary	is paid
	previous employer n 3 years in current empl	oyment)			

Number of employers in the last 5 years

Number of years of total work experience

## **BANKING DETAILS**

<b>UBA branch where</b> account is domiciled (See below if account curr	rently at anoth	er bank)	Date accour was opened	 Month Year
Length of account relations	<b>ship</b> (In months	5)		
Accounts i. Current	Savings	Term Deposit	Account Number	
	Savings 🗌	Term Deposit	Account Number	
iii. Current	Savings	Term Deposit	Account Number	

OTHER BANKS (Please attach a photocopy of bank statement from other banks if any for the last 6 months)

S/N	Name of other bank	Type of account (e.g., Current, Savings, Deposit)	Time at bank	Turnover (Total over last 6 months)
1				
2				
3				

#### LOANS OUTSTANDING

S/ N	Type of loan (e.g., share loan, staff loan, overdraft)	Amount Outstanding	Collateral	Expiry Date
1				
2				
3				



## **DETAILS OF LOAN REQUEST**

### LOAN TYPE:

Asset Finance	Flexi Loan	Executiv	/e		Share Purchase
Borrowing Against Share	s Cash Collaterise	d			
Amount required	Co	ontribution			Tenor in months
Proposed method of prir	Monthly ncipal repayment:	Quarterly	Annual	Other	

I hereby confirm that I am applying for the above credit facility and certify that all the information provided by me above and attached hereto is true, correct and complete. I authorise you to make any enquiries you consider necessary and appropriate for the purpose of evaluating this application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Account officer: \_\_\_\_\_\_ Signature & Date: \_\_\_\_\_

# Employee Status Inquiry Form - Employee salaries paid through UBA

#### Dear Sir or Madam,

An employee of your organization has requested for a consumer loan from the bank. Kindly confirm by signing on the spaces provided below the following information provided by him/her to enable us to promptly process his/her request.

Jnr. Staff       Snr. staff       Mgt.       Exec.         mployment classification        Date of birth       Date of employment		
Employee Number	Job position	
Jm Employment classification	<i>yy yy</i> 8	
After-tax annual income	Basic monthly salary	
Expected terminal benefits	Loan amount currently deducted at source (monthly)	

#### TOTAL OTHER PAYMENTS

Month	Payments	Month	Payments	Month	Payments
January		February		March	
April		May		June	
July		August		September	
October		November		December	

Please be assured that confirmation given by you will be treated in strict confidence and without prejudice to your organization.

Thank you. Yours faithfully,

#### Business Manager United Bank for Africa (Ghana) Limited

I hereby confirm that United Bank for Africa (Ghana) Limited is authorised to obtain verification of the information provided by me in respect of my consumer loan application.

	Applicant's signature	Date		_	
<u>10</u>	BE COMPLETED BY THE APPLICANT'S EMPLOYER				
А.	We confirm that the above information as provided by our employee is	accurate		Yes	No
В.	If the application is considered and a loan is granted, we certify as follo	ws:			
1.	We shall continue to pay his/her salary into his/her account No	with y	our_	Branch	
2.	No change of bank account will be effected without a written confirma	tion from UBA of due lic	luid	ation of the	loan
	information is given in good faith and without prejudice to the one of the organisation.	organisation. Please I	note	e that <b>this</b> o	does not
	Signature	Desigr	natio	on	

Date & Official Stamp



## **CONSUMER LOAN APPLICATION – CUSTOMER DOCUMENTATION CHECKLIST**

To be filled by the customer. You should consult an account officer in a UBA business office if you have any questions about completing your application

#### Have you provided the following information and enclosed the following documents with your application?

Item	Requirement	Yes	No	Not applicable
Have you provided your personal data using pages 1 and 2 of this application form?	Mandatory			
If you operate a UBA salary current account, have you provided your salary account number on page 2 of this application	Mandatory			
If you <b>do not operate a salary current account</b> in UBA and are eligible to use post-dated cheques to repay the loan, have you attached the account opening forms for a UBA personal current account? (The loan will be booked on this account and your cheques will be cleared through the account)	Non UBA account holders			
Do you have Provident Fund?	Mandatory			
Will loan repayment be deducted at source?	Mandatory			
Will loan repayment be deducted from salary domiciliation?	Mandatory			
Have your stated the contribution you wish to make on page 3, following the advice of your account officer after an analysis of your income, liabilities and requirements?	Mandatory			
Is your preferred loan tenor within our product limits for the facility you wish to assess based on your account officer's advice?	Mandatory			
Employer Status Enquiry Form A, B or C (Appropriately completed by the Head of Personnel or a designated person in your place of	Mandatory			
A bank statement for the last 6 months	Non UBA account holders			
<b>If you</b> have <b>offered</b> to provide additional collateral other than the asset to be financed, have you provided the details on	Not mandatory			

#### Flexi Loans

ltem	Requirement	Yes	No
Have you provided your personal data using pages 1 and 2 of this application form?	Mandatory		
Have you provided your salary account number on page 2 of this application?	Mandatory		
Have you ticked the box marked "Flexi Loan" on page 3?	Mandatory		
Employer Status Enquiry Form A or B (Appropriately completed by the Head of Personnel or a designated person in your place of employment)	Mandatory		
Have you decided to back your loan with:	Mandatory		
Option 1. Non pension terminal benefits			
Option 2. Credit insurance at the			
prevailing rate			
Have you provided your CAGD's Authority Note and/or Loan/Advance forms?	Mandatory		

