

**ACTCOMSS LTD**

AFFIX TWO(2)  
PASSPORT  
SIZE  
PICTURES

**LOAN APPLICATION FORM**

OFFICE TELEPHONE: 0322-048532/0322-048532/0243 – 323322 – website: [www.actcomssupportscheme.com](http://www.actcomssupportscheme.com) - Receipt No.....

**1. PERSONAL PARTICULARS**

Name of Applicant.....Age.....

Address.....

Staff No: ..... ACTCOMSS AC NO:..... Phone No.....

Purpose..... Proposed Repayment Period (.....)

Affordability (GH¢ .....) AMT REQUESTED (GH¢.....) SAVINGS (GH¢.....) SHARES(GH¢.....)

.....  
Signature of Applicant

.....  
Date

**2. PLEDGE BY GUARANTOR**

In event of default in payment of any of the Instalments of the loan amounting to GH¢.....(.....)

**In words**

I the undersigned agree that you debit my savings account in settlement of such instalments. The order is to remain in force until the loan is fully paid.

NAME.....

ADDRESS.....

STAFF No:.....

ACTCOMSS A/C No:.....

SIGNATURE.....

DATE.....

**3. CONFIRMATION BY HEAD OF INSTITUTION**

I Confirm that Mr/Mrs/Miss/Ms.....is an employee of .....

.....I recommend him/her for your financial Assistance, and shall notify you immediately of

his/her Resignation/Termination/Transfer or any development about his/her salary.

.....  
Name of Head

.....  
Head Telephone No.

.....  
Stamp & Signature

.....  
Date

**4. FOR OFFICE USE ONLY:**

Amount approved by Board GH¢.....

Loan Approved GH¢.....

Repayment period.....

Interest GH¢.....

Repayment per month GH¢.....

LPP GH¢.....

TOTAL GH¢.....

**5. LOANS COMMITTEE MEMBERS**

**SIGN**

1. ....

.....

2. ....

.....

3. ....

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