



**LOAN APPLICATION FORM**

TYPE OF LOAN:  Regular  Quick Cash  Educational  Other, state \_\_\_\_\_

MEMBER NO.:	INSTITUTION CODE:	MOE Paid <input type="checkbox"/> BURSAR Paid <input type="checkbox"/>	DATE:
FULL NAME OF APPLICANT:			T.R.N. NO.:
MAIDEN NAME:	ALIAS (PET NAME):		
DATE OF BIRTH (DD/MM/YEAR):			
EMAIL ADDRESS:			
TELEPHONE NUMBER(S):			
ADDRESS OF CURRENT RESIDENCE:			
HOW LONG HAVE YOU RESIDED THERE?		IF LESS THAN 2 YEARS, STATE LAST ADDRESS:	
DO YOU: RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER <input type="checkbox"/>			
IF RENT, STATE RENT:			
IF OWNED, STATE MORTGAGE:			
IF OTHER, PLEASE EXPLAIN:			
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			
OCCUPATION OF APPLICANT:			
PLACE OF WORK:			
WORK ADDRESS:			TELE. NO.:
LENGTH OF EMPLOYMENT:			
SALARY: GROSS PAY:		NET PAY:	
ANY OTHER SOURCES OF INCOME:			
IF YES, STATE SOURCE(S) AND AMOUNT:			
NAME OF SPOUSE / NEXT OF KIN:			
ADDRESS OF SPOUSE / NEXT OF KIN (if different from applicant):		D.O.B.:	
		TELE. NOS.:	
OCCUPATION OF SPOUSE / NEXT OF KIN:			
SPOUSE / NEXT OF KIN PLACE OF WORK & ADDRESS:			
TELE. NOS.:			
SALARY: _____			
LENGTH OF EMPLOYMENT:			
NUMBER OF DEPENDENT(S):		AGES OF DEPENDENT(S):	
PURPOSE OF LOAN:			
PAYMENT TO:			
PAYMENT TO:			
PAYMENT TO:			
PAYMENT TO:			
PAYMENT TO:			
PAYMENT TO:			
TOTAL LOAN AMOUNT:			
STATE NAME & ADDRESS OF INSTITUTION YOU WILL BE ATTENDING (IF EDUCATIONAL LOAN):			
COURSE PURSUING:	LENGTH OF COURSE:		
ARE YOU OR WILL YOU BE ON LEAVE IN THE NEXT TWELVE (12) MONTHS?			
WILL YOU BE MIGRATING SOON?			
NAME OF GUARANTORS AND STATE RELATIONS:			
1)		RELATION:	
2)		RELATION:	
MORATORIUM:	IF YES, STATE MORATORIUM PERIOD:		
	STATE PERIOD OF INSURANCE & AMOUNT:		

LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THREE REFERENCES. ONE OF WHOM MUST BE A CLOSE RELATIVE AND ONE MUST BE A TIP MEMBER. *RELATIVE NAMED MUST NOT HAVE THE SAME ADDRESS AS LOAN APPLICANT.*

1)	NAME (TIP MEMBER)	TELE. NO.
	ADDRESS	
	PLACE OF WORK, ADDRESS	
	WORK TELE. NO.	
2)	NAME (RELATIVE)	TELE. NO.
	ADDRESS	
	PLACE OF WORK, ADDRESS	
	WORK TELE. NO.	
3)	NAME (OTHER)	TELE. NO.
	ADDRESS	
	PLACE OF WORK, ADDRESS	
	WORK TELE. NO.	

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORISE TIP FRIENDLY SOCIETY TO OBTAIN INFORMATION REGARDING ME FROM ANY OF THE AFOREMENTIONED REFERENCES, EMPLOYER, EDUCATIONAL INSTITUTIONS, OTHER ORGANISATIONS AND/OR INDIVIDUALS. I CONSENT TO TIP FRIENDLY SOCIETY TO CONDUCT ANY INVESTIGATIONS IT MAY CONSIDER NECESSARY IN CONNECTION WITH MY APPLICATION FOR A LOAN.

I \_\_\_\_\_ ACKNOWLEDGE RECEIPT OF \_\_\_\_\_ AS A LOAN ACQUIRED FROM TIP FRIENDLY SOCIETY. MY PREVIOUS LOAN BALANCE TO THE SOCIETY IS \_\_\_\_\_ MAKING MY TOTAL CURRENT LOAN LIABILITY TO TIP FRIENDLY SOCIETY \_\_\_\_\_. I WILL REPAY THE PRINCIPAL AND INTEREST (AT A RATE OF \_\_\_\_\_% MONTHLY), REPAYMENT OF \$ \_\_\_\_\_ OVER A PERIOD OF \_\_\_\_\_ MONTHS AS A SETTLEMENT OF THE SAME. IN THE EVENT OF DEATH, OUTSTANDING LOAN BALANCE(S) WILL BE DEDUCTED FROM INSURANCE PROCEEDS.

I DO UNDERSTAND THAT IF PAYMENT IS NOT MADE TO MY OUTSTANDING LOAN(S) WITHIN FORTY-FIVE (45) DAYS AFTER RECEIPT OF SAME, TIP FRIENDLY SOCIETY RESERVES THE RIGHT TO DEBIT MY ACCOUNT WITH THE OUTSTANDING AMOUNT (ARREARS) AND APPLY IT TO MY LOAN(S).

I SOLEMNLY AGREE THAT MY REFUSAL/INABILITY TO REPAY ALL OUTSTANDING DEBTS WOULD CONSTITUTE A BREACH OF MY CONTRACT WITH TIP FRIENDLY SOCIETY. TIP FRIENDLY SOCIETY RESERVES THE RIGHT TO EMPLOY THE SERVICE OF A COLLECTION AGENCY TO TAKE ALL THE NECESSARY STEPS (INCLUSIVE OF LEGAL ACTION) TO RECOVER THE ENTIRE LIABILITY ALONG WITH THE FULL COST OF RECOVERY.

MEMBER'S SIGNATURE

DATE

TIP REPRESENTATIVE

**FOR OFFICE USE ONLY**

TOTAL INCOME (including spouse's):	\$	<i>Repayment Record on Previous Loan</i>	
MORTGAGE/RENT (from overleaf)	\$	LAST LOAN:	
HIRE PURCHASE	\$		
LOANS (not taken from salary)	\$		
UTILITIES/FOOD/ETC.	\$	Amt. Granted:	\$
PETROL/TRANSPORATION	\$	Date:	
DEPENDENTS (lunch, transport, etc.)	\$	How was the servicing of this loan?	
TOTAL DEBTS	\$	Had Loan ever been delinquent?	
DEBT / INCOME	\$		

PLAN POLICY INFORMATION AS AT

ADDITIONAL INVESTMENT	\$	BASIC INVESTMENT	\$
ADDITIONAL INTEREST	\$	BASIC INTEREST	\$
OTHER	\$ _____	OTHER	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

ACCOUNT(S) GRAND TOTAL \$ \_\_\_\_\_

LOAN INFORMATION AS AT

CURRENT LOAN BALANCE:	REGULAR	\$	REPAYMENT	\$
	COMPUTER	\$	REPAYMENT	\$
	EDUCATIONAL	\$	REPAYMENT	\$
	OTHER _____	\$	REPAYMENT	\$

ARE ALL THE DOCUMENTS RELEVANT TO THE LOAN PRESENT (PHOTOGRAPH, ID, INVOICES, ETC.)?

WAS THE APPLICATION/UPGRADING FORM COMPLETED IN ITS ENTIRETY AND SIGNED BY MEMBER & REPRESENTATIVE?

Approved By:

DATE:

CHEQUE NUMBER(S):

TOTAL MONTHLY DEDUCTIONS:

NO. OF MONTHS:

LOAN REPAYMENT:

START DATE:

Same Payment