



Company Name:

1. Personal/ Residential Status Details:

Mr. Mrs. Miss Dr. Rev. Prof.

Name of Applicant:

Residential Address:

Postal Address:

Home Phone No:

Mobile No:

Date of Birth:

Marital Status:

Single Married Divorced Widowed

2. Employment Details

Social Security No:

Staff Number:

Name of Department:

Date Employed:

Job Title:

Office Telephone Number of Employer:

Employment Type:

Permanent Contract

If contract state End Date of contract:



3. Terms and Conditions

I understand that on approval of the facility, my account will be credited with the proceeds of the approved loan. I hereby agree that the following conditions will apply:

- i. I agree to maintain my account in credit during the term of the facility.
- ii. During term of facility, borrower will ensure that his/her employer transfers the salary on monthly basis into his/her account with SOCIETE GENERALE GH.
- iii. The Bank is authorized to apportion the monthly repayment between principal and interest as it shall so desire and to debit my current account with the amount of each monthly repayment due.
- iv. I agree to pay the specified facility fee and insurance and all statutorily imposed taxes (eg VAT) on establishment of the facility and I authorize the Bank to debit my current account accordingly.
- v. In the event of default, the Bank reserves the right to take any action it deems necessary to recover the loan; this includes disclosure of information relating to the loan agreement to a third party.
- vi. I acknowledge that, should I default in payment, the bank may set off any amount due under this agreement against any credit balance on any other account that I have with your bank. The Bank would continue to consolidate all my accounts with the bank until all outstanding payments under this agreement have been settled.
- vii. Any amount due and not paid shall attract a penal interest rate of 8% per annum above the interest rate agreed.

4. CREDIT REPORTING

I a customer of SG Ghana LTD hereby authorize SG-Ghana Ltd to:

- a) Submit information on my credit transaction with SG Ghana to credit bureau licensed under the Credit Reporting Act 2007
- b) Obtain credit reports on me from a credit bureau licensed under this Act for the purpose of credit management

Signature: _____ Date:

5. Bank Details

Name of Branch: Account Number:

Customer ID:

6. Personal Undertaking

I agree that if my employment with my current employer is terminated for any reason whatsoever, all amount owed by me under staff personal loan scheme shall become immediately due and payable and I will discharge on demand all monies and liabilities which I owe to the bank in terms of the staff personal loan scheme. I also agree that my current employers shall pay any benefit due to me upon the termination of employment to defray any outstanding liability to Societe Generale Ghana under the said staff personal loan scheme.

Signature: _____ Date:



7. For Employer’s Use only – Existing Commitment to Employer

| | PERSONAL | AUTO | REAL ESTATE | OTHER |
|---------------------|----------------------|----------------------|----------------------|----------------------|
| Amount Approved | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date Approved | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Monthly deduction | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Outstanding Balance | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

8. Loan Request Details

Amount Required

Proposed Repayment Period (months)

Purpose

9. Recommendation

We Recommend an amount of Ghc

In favour of

Authorized signature:

Authorized signature:

Name:

Name:

Designation:

Designation:

Date:

Date:

Official Stamp:

Official Stamp:



10. Required Documents:

To be submitted along with the completed Application Form

One current pay slip (Not older than 2 months)

FOR BANKS USE ONLY

Branch

Declined Recommended

Signature URO

Signature/ Stamp of Branch Manager

Head Office

Declined Recommended

Loan amount approved:

Repayment duration approved:

Signature (Authorized Approver) -----