

BROWNFIELD PORT HARCOURT MULTI-PURPOSE COOPERATIVE SOCIETY LIMITED

LOAN APPLICATION FORM

Name: UMr. DMrs. UMiss
Full Name (Surname First)
Membership number
Home Address:
Email Address(Optional)
Name of Employer
DesignationPhone number
Loan Amount Requested #k Repayment Durationk
Reason for IoanAccount Number
Bank Detail
Sworn Oath
I, Mr./Mrs./Misswish to
apply for a loan as entered in this form for the reasons as shared in this form. I promise
to refund the loan with the above calculated interest on or before according to the
terms guiding the type of loan obtained by me via direct salary deduction by my
employer as authorized by me.
Applicant Name, Signature & Date
GUARANTORS:
1). NamePhone no
Signature/Date
2). NamePhone no
Signature/Date



Co-op Official Use Only

Loan Approved : #k. Duration/Term of loan(Months)
Loan Interest # Total # Deduction #(Monthly)
Deduction start Month/YearDeduction End Month/Year
Applicant Name, Signature & Date
BOD Secretary BOD Treasurer
Drasidant
President