

**HRN STAFF CO-OPERATIVE MULTIPURPOSE SOCIETY**  
**ESSENTIAL COMMODITY**

NAME:..... DEPT.....

DATE JOINED COOP SOCIETY:.....

ASSET TO BE PURCHASED :.....

AMOUNT OF SAVINGS :.....

AMOUNT OF LOAN REQUIRED :.....( ATTACH PAYSIP PLS)

OUTSTANDING ASSET LOAN WITH COOP:.....

IF YES, PLEASE SPECIFY AMOUNT & WHEN COLLECTED:.....

*I CONFIRM THE ADEQUACY OF MY SALARY TO ALLOW FOR DEDUCTION OF THE TOTAL AMOUNT OF N.....NOT EXCEEDING .....EQUAL MONTHLY INSTALMENTS.*

.....  
**SIGNATURE OF APPLICANT**

**TO BE COMPLETED BY TWO GUARANTORS**

WE GUARANTEE THE ABOVE NAMED APPLICANT TO THE AMOUNT OF LOAN REQUIRED.  
IN THE EVENT OF DEFAULT, WE WILL BE RESPONSIBLE JOINTLY AND SEVERALLY FOR ANY OUTSTANDING BALANCE.

-----  
**NAME, SIGNATURE & DATE**

-----  
**NAME, SIGNATURE&DATE**

**FOR OFFICE USE ONLY**

**HAVING CHECKED THE NECESSARY RECORDS, I CONFIRM THE NAMED STAFF AS ELIGIBLE TO BE CONSIDERED FOR THE LOAN.**

-----  
**TREASURER/ FIN. SECRETARY**

-----  
**DATE**

**MOTTO: EACH FOR ALL & ALL FOR EACH**