

HOGG ROBINSON STAFF CO-OPERATIVE
MULTIPURPOSE SOCIETY

LOAN FORM

Name

Department

Official Position.....

Date engaged in HRN.....

Date joined Coop Society.....

Amount In Saving ₦.....As At

Total Loan Entitled to From Coop (i.e. Saving x 2) ₦As At.....

Outstanding Loan with Coop ₦.....As At.....

Amount of Loan now Required ₦

I wish to apply for the above stated loan and agree to the terms and conditions set by the Co-operative Society for this purpose.

I hereby confirm that above information given by me is absolutely correct and I take responsibility for any false information.

Signature of the Applicant.

HRN STAFF MULTIPURPOSE CO-OPERATIVE SOCIETY

GUARANTORS' FORM

Applicant:.....

I, _____ guaranteed the applicant of the required loan of N..... .

In the event of default, I take responsibility of% of the amount outstanding.

.....

Signature & Date

I, _____ guaranteed the applicant of the required loan of N..... .

In the event of default, I take responsibility of% of the amount outstanding.

.....

Signature & Date

I, _____ guaranteed the applicant of the required loan of N..... .

In the event of default, I take responsibility of% of the amount outstanding.

.....

Signature & Date

I, _____ guaranteed the applicant of the required loan of N..... .

In the event of default, I take responsibility of% of the amount outstanding.

.....

Signature & Date

NB: In the event of default by the applicant, the outstanding amount will be converted to loan and will be deducted at source (Salary) monthly until fully repaid back.

HOGG ROBINSON STAFF CO-OPERATIVE MULTIPURPOSE SOCIETY

AUTHORITY TO DEDUCT FROM SALARY AND ANY OTHER BENEFITS

In consideration of the loan granted to me by the above society, I authorize the deduction of the monthly repayment of ₦from my salary with effect from the month of to

In case of my exit from the Company for whatever reason before the end of the repayment period, I authorize the Society to recover any outstanding loan balance from any benefit I am entitled to from the company. And if my entitlement is not sufficient to liquidate the whole outstanding loan, I hereby authorize the society to take any legal action deemed necessary to recover the balance.

FULL NAME.....

SIGNATURE.....

DATE.....

FOR OFFICE USE
LOAN COMMITTEE

Amount of Savings confirmed as atis N.....

Outstanding Loan confirmed as atis N.....

Is loan within limit?

Amount Approved N.....

Period of Repayment.....

Interest Paid.....

The loan Committee hereby confirms that the above information is correct and has accordingly accepted the application.

.....
Signature L/C

.....
Signature L/C

.....
Signature L/C