

(Attach Salary Slip)

GAMBIA TEACHERS UNION CO-OPERATIVE CREDIT UNION

Kanifing Institutional Area Off the Coastal Road Near Central Statistics Building, Kanifing Email: gtuccu96@gmail.com

Phone: (220)4394055/4399331/4399332

Fax: (220) 4376192

APPLICATION FOR LOAN FORM

Member's Name:			Staff No:
Employment or Account No:			Date Of Birth:
Gender: Marit	al Status:		Mobile Phone No:
Date Of Joining GTUCCU:			ID No:
Current School or Institution:			Region/Directorate:
Workplace Tel No:			
Gross Income:			Net Salary: D
Number of dependants:	Amo	unt Spent o	on Family Monthly:
Amount Required as Loan (D) In words		
Total Savings:	(As At Which I	Month)	
Member's Signature:		Date:	
LOANS DETAILS			
Loan Type: Self ☐ Mem	ber Guaranteed 🗖		Title Deed □
Purpose Of Loan:			
Loan Duration:	Previous Loan Am	ount:	
Outstanding Balance:	(As At Which Mont	th)	Date Of Issue:
GUARANTOR'S DETAILS			
Name:			(Must Be Member Of GTUCCU)
Residential Address:		. Tel: No):
Employment or Account No:		Savings	S:
Loan Balance:		ID No:	
Guarantor's Signature:		Date: .	
For Official Use			
Approved □	Disapproved □		Deferred □
Comments:			
Signature of Loans Officer:		Date:	
Loans Committee:			
Names:			Signatures:
1			
2			
3			
4			
5			