



1 Personal / Residential Status

Details:

Mr. Mrs. Miss Dr. Rev. Prof.

Name of Applicant:

ID Type: Voter's ID Passport Driver's License Other: -----

Residential Address

Postal Address

Home Phone No:

Mobile No:

Date:

Marital Status: Single Married Divorced Widowed

E-mail Address:

2. Employments Details:

Employer's Name:

Social Security No

Staff No

Name of the Department:

Date Employed:

Job Title:

Office Telephone Number of the Employer:

Employment Type: Permanent Contract If contract state End Date Contract

I **hereby authorize SG GHANA Ltd to:**

a) Submit information on my credit transaction with SG Ghana to a 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:

4. BANK DETAILS

FOR SG CUSTOMERS ONLY

Name of the Branch: Account No:

Customer Id:

FOR OTHER BANKS ONLY

BANK	BRANCH CODE	ACCOUNT NUMBER	ACCOUNT TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Personal Undertaking

I agree that if my employment with my current employer is terminated for any reason whatsoever, all amounts owed me under this 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 this Personal Loan Scheme. I also agree that my current employers shall pay any benefit due to me upon the termination of my employment to defray any outstanding liability to SOCIETE GENERALE GHANA under the said Personal Loan Scheme.

Signature: ----- Date:

6. EXISTING

	PERSONAL	AUTO	ACCOUNT TYPE	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"/>
Term/ Duration	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. LOAN REQUEST DETAILS

Amount Required: Proposed Payment Period (monthly):

Purpose:



8. EMPLOYER CONFIRMATION

I confirm that the address and signature above are that of the applicant

I confirm that the applicant is a permanent employee YES NO

If employee is on contract, please state the expiration date of the contract

Authorized Signature : _____ Name:

Designation: Date:

Official Stamp: _____

9. REQUIRED DOCUMENTS

To be submitted along with the Completed Application Form

One Current pay slip National Id Card Passport Picture

10. FOR BANK USE ONLY

GOG Employee Mandate # _____ Affordability GHs _____

Authority Note # _____

BRANCH

Declined Recommended

Signature of URO: _____ Signature/ Stamp of branch manager: _____

HEAD OFFICE

Declined Recommended

Loan Amount Approved:

Repayment Duration Approved :

Signature of URO: _____

TERMS AND CONDITIONS FOR CIVIL SERVANTS' INSTITUTIONAL LOAN SCHEME

Customer's Address

Date

Dear (Customer's Name)

In reference to your request for Institutional Loan from SOCIETE GENERALE GHANA, we are pleased to confirm the terms and conditions under which we are prepared to grant you the facility

Amount :**Facility Fee:****Purpose:****Insurance Fee:****Total Pricing:** %**Installment amount :****Interest rate:** %**Term of Loan:****CAGD Administration:** 3%**VAT:**

TERMS AND CONDITIONS:

1. By accepting the offer, you agree to borrow the funds indicated and to make monthly repayments over an agreed period together with interests, fees and all other applicable charges.

LOAN AMOUNT

2. Your loan amount will either be the amount you applied for or lower amount based on our assessment of your ability to pay.

RECEIVING YOUR LOAN

3. The net of your loan amount (after facility and Insurance fees and commitment with any other financial institution have been deducted) will be transferred to your account at your designated Bank.

INTEREST, FEES AND OTHER CHARGES

4. You agree to pay Interests, fees, costs and all other charges as stated in this Agreement

INTEREST

5. Interest shall be calculated daily on the outstanding loan balance and applied at the end of the month. The interest rate shall be fixed over the tenure of the facility and calculated on amortized basis..

FACILITY FEE

6. A one -off facility fee of **2% flat** calculated on the amount of the facility shall be collected upfront in lump sum at the time of disbursement

INSURANCE FEE

7. Insurance Fee: You shall be required to take out a Credit Life Insurance Policy for the duration of the loan. This shall be made up of a one-off payment of 1.17% calculated on the loan amount. The Credit Life insurance shall cover your outstanding loan amount in the event of death, total and permanent disability. The Bank shall take such a policy on your behalf and all payments due shall be deductible from the Loan amount.

CAGD ADMINISTRATIVE FEE

8. A 3% CAGD Administration fee shall be levied on the monthly repayment deduction and paid to The Controller and Accountant General's Department over the tenor of the facility.

TERM OF THE LOAN

9. The duration of the facility shall not exceed Sixty (60) months

10. A one month instalment payment shall be withheld as a repayment buffer against default until the loan is settled. Same shall be refunded to the customer when the loan comes to term.

EARLY REPAYMENT.

11. Early repayment of the loan shall attract a penalty fee of 2% in the event that the facility has not run for half of its agreed tenor. This fee will be waived when facility has travelled for half or more of its agreed tenor.



I agree to the above terms and conditions

Full Name:

Signature:

Date:

Address :

Telephone :

Mobile

e-mail :