

CUSTOMER LOAN REQUEST FORM



Guaranty Trust Bank (Ghana) Ltd

PERSONAL INFORMATION

Name of Applicant:

Title Last Name Middle Name First Name Maiden Name

Current Residential Address:

Residential Status: Owner ☐ Tenant ☐ Employer Provided ☐ Mortgaged ☐ Family House ☐

Time at Current Address: From _____ to date E-mail address: _____

Telephone Numbers:

Home Office Mobile

Gender M ☐ F ☐ Date of Birth Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

PROFESSIONAL INFORMATION

Job Position: Snr. Staff ☐ Jnr. Mgt. ☐ Snr. Mgt ☐ Exec. Mgt ☐ Others ☐ If others specify

Name of Current Employer: Business Telephone:

Business Address:

Length of Service: Annual Income (GHS):

First time request? (Please tick here) Yes ☐ No ☐ Purpose of Loan:

Loan Amount (GHS): Proposed Tenor:

Kindly state all existing credit obligations

BANK NAME	BRANCH	ACCOUNT NUMBER	MONTHLY REPAYMENT	MATURITY DATE	BALANCE OUTSTANDING (GHS)

Applicant Signature _____ Date:

FOR OFFICIAL USE ONLY

Branch: Account Number:

Loan Amount (GHS): Fees (GHS):

Loan Tenor (Months): Monthly Repayment (GHS):

Insurance Company: Insurance Premium (GHS):

(Name/Signature/Date)

Account Officer

(Name/Signature/Date)

Relationship Manager

(Name/Signature/Date)

Group Head

(Name/Signature/Date)

Divisional Head (MARKETING)

(Name/Signature/Date)

Head (ERM)

(Name/Signature/Date)

Divisional Head (GIS)

Disbursement:

CAD: _____ Prepared by: (Name/Signature/Date) _____ Authorised by: (Name/Signature/Date) _____

DOMOPS: _____ (Name/Signature/Date) _____ (Name/Signature/Date) _____

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Guaranty Trust Bank (Ghana) Ltd

DECLARATION AND ACCEPTANCE

I hereby declare that all the information given by me is true and complete.

I understand that this application will go through a vetting process and should my loan be approved, a loan account for the amount requested will be created in my name.

I understand that interests on this facility will be based on the prevailing variable interest rate for the entire period.

I agree to inform Guaranty Trust Bank (Ghana) Limited should my residential address and/or employment status change and I further undertake that I shall NOT change my salary pay point or stop sending my repayment through Guaranty Trust Bank (Ghana) Limited, until I have paid off the loan in full.

I also agree to be bound by the Terms and Conditions attached.

Applicant Signature _____

Date:

D	D	M	M	Y	Y
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AUTHORITY TO EMPLOYER

I irrevocably and absolutely assign to Guaranty Trust Bank (Ghana) Limited percent[%] of all my right, title and interest in my Tier 3 pension benefits with (the "Trustee") as a continuing security for the facility granted me by the Bank.

In the event that I have direct access to the Trustee of my Tier 3 pension benefits, I further irrevocably and absolutely assign to Guaranty Trust Bank (Ghana) Limited percent[%] of all my right, title and interest in my Tier 3 pension benefits with (the "Trustee") as a continuing security for the facility granted me by the Bank.

The Trustee is hereby irrevocably mandated, on demand by the Bank specifying that a default has occurred on the facility granted to me, to make percent[%] of all payments due to me under the Trust directly into GTBank account number belonging to the applicant.

This Assignment and these instructions are irrevocable and shall not be altered without the prior written consent of the Bank.

I hereby authorize you to pay all my terminal benefits and/or gratuity which I may be entitled to Guaranty Trust Bank (Ghana) Limited towards my outstanding loan, should my employment cease for any reason whatsoever.

This arrangement will remain in force until the loan granted me is paid in full.

Applicant Signature _____

Date:

D	D	M	M	Y	Y
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EMPLOYER'S UNDERTAKING



Guaranty Trust Bank (Ghana) Ltd

The Head,
Human Resources
Accra.

Dear Sir/Madam

Consumer Loan Application for.....(Employee Name).....

We have received a request for a consumer loan from the above named employee of your organization.

In order to process the request, we require confirmation of certain information provided by him/her as follows:

You are assured that information provided will be treated in strict confidence and without prejudice to your organization.

INFORMATION TO BE CONFIRMED

Job position: _____ Length of service: _____

Annual Compensation Package (GHS): _____

List Existing credit obligation/s deducted at source

BANK NAME	BRANCH	ACCOUNT NUMBER	MONTHLY REPAYMENT	MATURITY DATE	BALANCE OUTSTANDING (GHS)

TO BE COMPLETED BY EMPLOYER

We confirm that the above is a full time employee of this organization and that we shall act in consonance with the written instructions above. In addition, we shall notify you within three (3) working days should this employee's service be terminated by this organization for any reason or should the employee resign from his/her employment.

We affirm that the above stated information as provided and attested by the applicant is true and the applicant's terminal benefit accrued as at today is GHS _____.

This confirmation is given in good faith and without prejudice to the organization.

We acknowledge the assignment by the above named employee of his Tier 3 pension benefits as continuing security for the facility granted by the Bank. We further irrevocably and unconditionally undertake to not accept or act on any instruction or direction to change in any way the terms of the assignment without the prior written consent of the Bank.

We also confirm that we will not accept any instruction to discontinue salary or loan payments to Guaranty Trust Bank (Ghana) Limited without prior written confirmation from Guaranty Trust Bank (Ghana) Limited.

We hereby covenant to:

1. To continue to pay all the applicant's salaries, benefits, emoluments, and in case of exit from our organization, terminal benefits (including any Tier 3 pension benefits accruing to the applicant) into GTBank account number belonging to the applicant.

This shall continue until we receive written confirmation from GTBank stating that the loan sum has been fully liquidated.

2. Inform the Trustee of the applicant's assignment of his/her Tier 3 pension benefits and execute and/or procure to be executed all documentation necessary to give effect to the said assignment.

3. Inform you of any loan applied for by the applicant subsequent to the above

4. Notify you of the exit of the applicant from the company with immediate effect, and subsequently

5. Apply net terminal benefits accruing to the above named employee to his/her account with you in order to discharge whatever obligation owed to you under the above scheme.

Organization: _____

Name of Company Official & Position: _____

Signature: _____ Date:

D	D	M	M	Y	Y
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Please affix
Official stamp

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Applicant Name and Signature

Date

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APPLICATION TO ESTABLISH A DOCUMENTARY LETTER OF CREDIT BASED ON FORM NUMBER

2. REQUEST THAT YOU ESTABLISH DOCUMENTARY LETTER OF CREDIT ON OUR ACCOUNT IN FAVOUR OF

8. BILL OF LADING / AIRWAY BILL TO BE MARKED "FREIGHT PREPAID" AND ISSUED / CONSIGNED TO THE ORDER OF GUARANTY TRUST BANK (GHANA) LTD, SHIPPER SHOULD NOTIFY:

LC APPLICATION FORM



Guaranty Trust Bank (Ghana) Ltd

9. LATEST SHIPMENT DATE:

10. PORT OF SHIPMENT:

11. PORT OF DISCHARGE:

12. PART SHIPMENT ALLOWED NOT ALLOWED

13. TRANSHIPMENT ALLOWED NOT ALLOWED

14. INSURANCE ARRANGED LOCALLY WITH:

15. POLICY/CERTIFICATE NUMBER:

16. SPECIAL INSTRUCTIONS:

A.

B.

C.

D.

E.

F.

17. In consideration of the opening by you of this credit on my/our behalf I/We hereby undertake and agree to the following terms and conditions.

I. That you and your agents are not to be held liable for the genuineness or correctness of the bills of lading or other documents or any endorsement thereon or for any mistake of misrepresentation as to the quality, weight, marks of value of any merchandise comprise therein or other charges on any such merchandise not as to the terms, conditions or sufficiency of the insurance policies, or credit.

II. It is understood and agreed that all risks, including exchange risks, arising out of, or consequent upon the issue of this credit are to be borne by me/us alone and that the Bank and/or its agents are not to be held responsible for any errors, delays on the part of post or telegraph or cable of FAX, companies or authorities in the transmission of any instructions or correspondence regarding credit.

III. I/We authorize you to hold the document called for by the terms of this credit and the merchandise to which the relate ad the relative insurance as security for all the liabilities incurred by you or your correspondences or agents in connection with this credit including expenses and charges of whatever nature in relation to the said merchandise or the obtaining of possession or the disposal thereof may sell the said merchandise either before of after the arrival at your discretion without notice to me/us. I/We further agree to give you any other additional security that you may from time to time require to cover my/our liabilities to you hereunder and in the event of our selling the merchandise to pay on demand the amount of any deficiency.

IV. Should you elect before provision by me/us as aforesaid for drafts accepted under this credit to hand to me/us the relative shipping documents for the purpose, I/We engage in the meantime to hold such documents or relative merchandise of the proceeds thereof on your behalf.

V. I/We hereby authorize you to debit my/our account with all sums which may become due to you in respect of this credit including your commission interest where applicable and all charges and expenses incurred by you, your officers and/or your correspondents.

VI. My/Our liability to you are to continue in force and to be applicable to all transactions into hereunder, notwithstanding any change in the composition of the firm or firms, parties hereto, or in the beneficiaries hereunder.

VII. I/We undertake that you will be furnished with the certified exchange control copy of the Customs Entry form, and other customs related documents as soon as the merchandise are cleared.

To this end, I/we authorize you or your agents to enter the goods to customs on my/our behalf and at my/our expenses.

VIII. Furthermore this application is made subject to the Uniform Customs and Practice for Documentary Credits, International Chamber of Commerce Brochure No. 600 (2007 Revision) or such other review and/or revision as well as other laws regulations affecting this applications as may come into operation from time to time. When this document is signed, we hereby declared that our liability is joint and several.

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LC APPLICATION FORM



Guaranty Trust Bank (Ghana) Ltd

TRANSFERABLE CREDIT ☐ YES ☐ NO		CONFIRMATION OF THE CREDIT ☐ NOT REQUESTED ☐ REQUESTED	
DATE OF APPLICATION: D D M M Y Y		SHIPMENT TERMS: CRF CIF FOB FAS DEQ EXW FCA CPT DAF DES DDU DDP OTHER ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
MARK ON TRANSPORT DOCUMENT ☐ FREIGHT PREPAID		☐ FREIGHT PAYABLE AT DESTINATION	
'ADVISE THROUGH' BANK SWIFT CODE BANK NAME BANK ADDRESS 		CORRESPONDENT BANK AND RELATED CHARGES TO BE BORNE BY: ☐ APPLICANT ☐ BENEFICIARY	
FOR BANK USE ONLY			
CORRESPONDENT BANK:			
S.W.I.F.T. / BIC			

AUTHORIZED SIGNATORY

AUTHORIZED SIGNATORY

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