

**THE MANAGER  
POLICE HOSPITAL CO-OP CREDIT UNION  
PMB CT 104  
CANTONMENTS**

**DATE:**.....

Dear Sir/Madam,

**APPLICATION FOR LOAN**

I ..... with account number .....  
with the credit union wish to apply for a loan of **GHC**..... **(in words)**  
..... to be repaid over a period of ..... **months**.

The purpose of this loan is to enable me.....

I will be paying the loan with: *(please tick option 1 if you have a current account and cheque book)*

1.  **Post-dated cheques**    2.  **Source deductions (HQ)**

I hope my request would be granted.

Thank you.

Yours faithfully,

**SIGNATURE:**.....

**NAME:**.....

**CONTACT:**.....



Ghana Co-operative Credit Unions Association (CUA) Ltd.  
CUA RISK MANAGEMENT PROGRAMME

P. O Box 12148, Accra-North

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POLICE HOSPITAL CO-OP. CREDIT UNION

**SHORT APPLICATION FORM 1**

**LOAN POLICY COVER APPLICATION (HEALTH DECLARATION) FORM**

(THE LOAN PROTECTION PLAN (LPP) PROVIDES DEATH AND DISABILITY BENEFITS IN THE EVENT OF INSURED'S DEATH OR DISABILITY, RESPECTIVELY)

Name \_\_\_\_\_ Account No \_\_\_\_\_

Tel# \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_  
DD MM YR

Occupation \_\_\_\_\_ Sex \_\_\_\_\_

Marital Status  Married  Single  Widowed  Divorced

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Address of Beneficiary \_\_\_\_\_ Tel. # \_\_\_\_\_

1. Please, at present do you confirm that you are in good health and actively performing the usual duties of your occupation?  Yes  No
2. At present are you aware of or have you received advice from your Doctor that you are suffering from any illness? If yes, please specify (for quality amount above GH¢10,000.00)  Yes  No

NOTE: If QUESTION 2 IS ANSWERED 'YES' THEN THE LONG APPLICATION FORM (2) MUST BE COMPLETED AND SUBMITTED TO **CUA LTD.**; **IF ONLY THE AMOUNT IN FORCE EXCEEDS GH¢10,000.00** IN SUCH A CASE COVERAGE WILL NOT TAKE EFFECT UNTIL APPLICATION IS APPROVED BY CUA LTD.

I declare that to the best of my knowledge I am in good health and am able to perform the normal activities in the pursuit of my livelihood.

I declare that the above answers are true and complete and have been given by me and I do hereby agree that they shall form the basis of my proposed coverage.

I further agree that CUA Ltd. shall not be liable for any claim on account of any illness, injury or death the cause of which was known prior to application for coverage but was withheld or concealed in the above statement.

Herewith, I also give consent and authorization to CUA Ltd. to seek any information from any doctor who has ever attended to me and from any life assurance office to which a proposal on my life was made.

I understand that disqualification from coverage will entitle me only for refund of premiums.

\_\_\_\_\_  
APPLICANT'S SIGNATURE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DATE

WITNESS \_\_\_\_\_  
LOAN OFFICER/OFFICE MANAGER DATE

NOTE: THIS APPLICATION FORM WILL ALWAYS BE COMPLETED AT THE TIME OF APPLICATION FOR COVERAGE BUT SHOULD BE SUBMITTED TO CUA LTD. TOGETHER WITH LONG APPLICATION FORM 2 ONLY IF QUESTION 2 IS ANSWERED 'YES' AND FILING FOR A CLAIM.