

GROUP AGRIC LOAN APPLICATION FORM

Name of Applicant:
Address:
Account No:
Tel:



MICRO FINANCE LOAN FORM

REQUIREMENT'S

Please, ensure the following are attached before submission to Head Office for consideration;

- 1. One passport sized photograph from each member (Names must be written at back)
- 2. A valid Ghana Card ID

		Date:	•
The Manager			
Amanano Rural Bank Pl	С		
P.O.Box 56			
Nyinahin – Ashanti			
APPLICATION FOR MIC	RO FINANCE LOAN	OF GHS	•••••
We, the members of		Group located at	
	r business activiti	mount of GHSes to be repaid within a per	
We hope our request wi	ill be repaid within a _l	period ofmonth	S.
We hope our request wi	ill be given the neede	ed attention.	
Thank You.			
Signed;			
1Chairperson	Secreta	ary Treasurer	•••••
Name:	Name	Name	
H/No	H/No	H/No	
Town	Town	Town	
Tel	Tel	Tel	

.....

KYC COMPLIANCE

Ghana Card ID Number										
Ind. susu or savings A/C No.										
Description of business & Town/ Location										
Mobile Number										
H/No. & Town/ Location										
Member Name										
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AMANANO RURAL BANK PLC

GROUP LOAN APPLICATION AND APPROVAL FORM

New (first)Loan	Loan Cyle
Branch	Loan Officer
Group Name	Location/Town

Group Account Number _____

	Group Account in	arriber			
#	Member Name	Previous Loan Amount	Current Amount Requested	Cash Lien	Sign/ Thumbprint
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	TOTAL				INT. RATE%

TERMS AND CONDITIONS

We, the members of	solem	nnly declare our understanding, agree	ement			
and commitment to the follow	ving;					
7 M/s market by the control of the c	A	2-1				
We reckon having receive from Amanano Rural Bank PLC a loan amount of GHS						
2. We agree to repay the afore letter.	ementioned loan in accordar	nce with the schedules outlined in the	e offer			
3. We accept to contribute 209	% of GHS 10,000.00 and 25% fo	rabove GHS 10,000.00 of the amount v	we are			
requesting as loan in our accounts to serve as Block Fund before the loan is approved in our fav						
4. We accept that such Block I	Fund shall constitute a securi	ty for the loan and only be payable to u	s after			
full repayment of the loan (i	.e. principal, interest & penalti	es if any).				
5. Furthermore, in the event o	of a default occurring in the l	oan repayment, it shall be the respons	sibility			
of all members to recover ar	nd repay the overdue amount	to the bank.				
	nt a commitment fee and Ir	surance to be calculated on our indi	vidual			
principal loan amounts.						
	•	ce a month to meet with Bank offic				
		serve as a forum where Bank official	s may			
offer training or any discuss	*	it information concerning our transa	ctions			
_		BoG and the Bank's regulators.	Ctions			
	•	entitled (with or without our consent)	l to set			
		it balance in any account whatever				
*		any agent/branch of the Bank.	iii oai			
	·	e group's account be transferred/cred	ited to			
		wise instructions by the group me				
collectively.						
11. Each member of the group	shall be charge GHS	as registration fee.				
Signed on						
1	2	3	_			
Chairperson	Secretary	Treasurer				
Name	Name	Name				
JURAT/DECLARA	TION (Must be completed	if group members thumbprint)				
	f Amanano Rural Bank PLC I	nereby declare that on theday	of			
		ication and documents in respect of				
		pers (the applicants herein) in the	tile			
		tly to understand and approved of th				
_	age and they seemed peried	try to understand and approved or tr	ie			
content before executing it.						
Signature (Person making the	e declaration)					
and the state of t						
In the presence of	Stati	JS				
the presence of		~ 				
Ciara atrum	Bata					



Credit/Relationship Officer's Recommendation:	
Credit/Relationship Officer's Signature	Date:
Branch Manager's Recommendation:	
Branch Manager's Signature	Date:
Head of Credit Recommendation:	
Head of Credit's Signature	Date:
Chief Evecutive Officer's Decommendation/Approval:	
Chief Executive Officer's Recommendation/Approval:	
	Date:
Chief Executive Officer's Signature	

DIRECTOR'S APPROVAL:

Amount Approved (GHS)	Loan Dura	tion:
Amount in words:		
Remarks:		
NAME	SIGNATURE	DATE
Chairman:		
Member:		
Member:		
Member:		
Member		
Interest Rate:%p.a		
Grace period:		
		Chief Executive Officer
		Date:
Board Chairperson		

Date:
Dur Ref ARBP
Dear Sir/Madam,
OFFER LETTER - LOAN FACILITY
We refer to your application dated for GHS
words)
And are pleased to inform you that an amount of GHS (word
nas been approved in your favour.
The loan shall be repaid over months at an interest of% per annur
peginning from and ending on
There shall be a monthly repayment of GHS (including interest and
saving of 15% on principal per amount).
A commitment fee of GHS of % and a Credit Risk Fee of GHS
Shall be charged and paid upfront.
The Bank reserves the right to charge the applicable interest rate anytime it deem
easible without recourse of you.
Meanwhile let us have your letter of acceptance or otherwise of the facility within two (2
veeks before it could be disbursed to you.

MANAGER

Thank You.

		Date:
The Manager		
Amanano Rural Bank Plc		
P.O.Box 56		
Nyinahin – Ashanti		
Dear Sir/Madam,		
	LETTER OF ACCE	PTANCE
We refer to your letter of ap	oproval of a group loar	n facility of GHS
(words)		
in our favour and wish to ir	nform you of our accep	tance of the terms and conditions
and to abide by them.		
We promise to repay the fa	acility in accordance w	ith schedules without default.
Yours faithfully,		
Sign	Sian	Sign
Chairperson	Secretary	
Name	Name	Name

CREDIT RISK ASSESSMENT





ASAFO MARKET BRANCH

Located at Asafo Market-Kumasi, Adjacent VVIP Lorry Station Tel: 0509724867

NYINAHIN BRANCH

Located at Nyinahin-Ashanti **Opposite Lorry Station** Tel: 0509724817

ESRESO BRANCH

Located at Esreso-Kumasi Nana Darko Adomako II **Terminal** Tel: 0509724880

MBROM BRANCH

Located at Mbrom - Kumasi **Opposite St. Louis Training** College Tel: 0509724884

BIBIANI BRANCH

Located at Bibiani Adjacent District Police Headquarters Tel: 0509724879

TAFO BRANCH

Located at Old Tafo-Kumasi Adjacent Las Palmas Restaurant Tel: 0509724894

ABUAKWA BRANCH

Located at Abuakwa-Kumasi **Opposite Ghana Baptist University College** Tel: 0509724832



www.amananobank.com info@amananobank.com