

Contact Details

Location: Ground Floor, Universal Oil Filling Station, Madina Highway

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	Personal Loan Application Form
Facility Details	
How much do you wish to borrow? GH¢	Purpose
Amount Approved GH¢	
If your facility is for purchase, how much ar	e you contributing? GH¢
Application Type: New	Loan Top Up Existing Loan
Ter	or months
Applicant Details	
Name:	Title: (Mr./Mrs./Miss/Ms./Other)
Date of Birth:	Gender: (M/F)
Marital Status: Single Married	No. of Dependents
Residential Address	
Postal Address	
Telephone	Email
Employment Details	
Occupation (e.g. teacher, nurse, architect, tailo)
Full-time Part-time	Casual Self-employed Unemployed
Employer's Name	
Employer's Address	
Telephone No(s).	
Position in Company	No. of years with Company

Income Details (please a	ttach latest pay slip)			
Monthly Gross Salary	GH¢	Monthly Income	GH¢	
Total Deductions	GH¢	Monthly Expenses (GH¢	
Net Monthly Salary	GH¢	Monthly Salary	GH¢	
Add: Total Allowances	GH¢			
Uncommitted Income	GH¢			
Financial Position				
Assets (if owned jointly with	h someone – your share)			
Real Estate (please supply	the address)			Value
				GH¢
				GH¢
Savings or Deposits Acco	ounts (please provide the name of t	financial institution)		Balance
				GH¢
				GH¢
Other Assets (please descri	ribe e.g. household content, motor	vehicle, BoG Bills, etc.)		Value
				GH¢
				GH¢
Total Assets				GH¢
Liabilities (if owed jointly	with someone - your share)			
Personal Loans (please p	provide the name of financial inst	titution)	Monthly Payr	ment Amount Owing
			GH¢	GH¢
			GH¢	GH¢
Overdrafts (please provid	de the name of financial institution	on)		
			GH¢	GH¢
Other Liabilities (please	specify) e.g. student loan, guaran	ntees,		
			GH¢	GH¢
Total Liabilities				GH¢

Details of a Relative or Friend not l	living with you			
Name:				
Residential Address:				
Telephone No(s):				
Please advise your relative/friend th	nat CIDAN may contact the	m regarding your v	whereabouts if we are u	nable to locate you.
Declaration				
By signing below, I declare that:				
ii. CIDAN will use and o	ditions. ation is true and complete an	nd I authorize CID nat: and that they can g	OAN to verify this information access to this information out in this form; and	nation.
Signature of Applicant			Date	
For Official use only				
I confirm I have identified the appl	icant and verified his/her inc	come		
Recommendation for Approval	Declined		Approved with discre	tion
Name		Manager's Sigr	nature	
Date			L	
Signature]	C.E.O		
Please add the under listed items to	י your filled application forn	l		

i. Passport size photo

ii. Application letter addressed to the company

iii. Appropriate collateral.