

NATIONAL ASSOCIATION OF GRADUATE TEACHERS

NAGRAT-GHANA
NAGRAT GREATER ACCRA FUND
LOAN APPLICATION FORM



PARTICULARS OF APPLICANT

NAME OF APPLICANT: _____

EMPLOYEE ID: _____ GENDER: _____

CONTACT: _____ DATE OF BIRTH: _____

ADDRESS OF PRESENT STATION: _____

MONTHLY REGIONAL WELFARE/FUND CONTRIBUTION _____

DATE STARTED: _____ REPAYMENT PERIOD (MONTHS): _____

LOAN AMOUNT: _____ AMOUNT IN WORDS: _____

Purpose: _____

Applicant's Signature: _____ Date: _____

GUARANTOR'S UNDERTAKING (DUES PAYING NAGRAT MEMBER)

I UNDERTAKE TO PAY IN FULL ANY AMOUNT OUTSTANDING SHOULD THE APPLICANT DEFAULT IN PAYMENT.

NAME OF GUARANTOR: _____

DATE OF BIRTH: _____ CONTACT: _____

EMPLOYEE ID: _____ GENDER: _____

ADDRESS OF PRESENT STATION: _____

SIGNATURE: _____ DATE: _____

HEAD OF SCHOOL/EST REGIONAL CHAIRMAN
SIGNATURE: _____ SIGNATURE: _____

DATE: _____ DATE: _____

STAMP: _____ STAMP: _____

FOR OFFICE USE

CHAIRMAN OF WELFARE COMMITTEE REMARKS: _____