

EXTRA READY MICRO – CREDIT ENTERPRISE

P.O.BOX AD 875, ADABRAKA, ACCRA

EMAIL: info@extrareadymicrocredit.com TEL. 053 028 6161

INDIVIDUAL / BUSINESS LOAN APPLICATION FORM

SECTION 1. CUSTOMER INFORMATION

FULL NAME.....BUSINESS NAME.....

LOAN CYCLE LEVEL OF EDUCATION..... GENDER.....

DATE OF BIRTH..... HOMETOWN.....MARITAL STATUS.....

ID TYPE/NUMBER.....RESIDENTIAL ADDRESS.....

NO. OF DEPENDANTS.....TEL. NUMBER.....PLACE OF WORSHIP

SPOUSE/ CONTACT NUMBER.....OTHER BANKERS.....

SECTION 2. BUSINESS INFORMATION

Location		Cash in hand		overdraft	
Business type		Cash with banks		Bal. of credit purchases	
Stock turnover/month		Stocks of goods		Monies owed to others	
Purchases repmt freq.		Bal. of credit sales		Other payables	
Av. Collection freq.		Total (A)		Total (B)	
Loan to equity ratio		W.C (A-B)			

SECTION 3. LOAN REQUEST

Loan amount (GHC)		Desired loan tenure	
Previous loan amount if any		Interest rate/month	
Purpose of loan		Desired repmt amount/freq.	
Primary source of repayment		Secondary source of repayment	

SECTION 4. BUSINESS PROFITABILITY/CAPACITY

Average sales/month		Average cost of sales/month	
Income from other sources		Other business expense/month	
Total (C)		Total (D)	
Profit/month (C – D)		Profit/Installment	
Name Of Institution for Salaried workers/location		Net Salary & Instalment/sal. Ratio in percentage	

SECTION 5. SECURITY OFFERED

Type	Guarantor	Receivable/stock	Building/vehicle	Guarantee Fund	Others
Value					

Graphic location to Business and Residential address.

I certify that the information provided above is true and I am fully aware that detection of any false declaration renders my application void.

Applicant's Signature/Thumbprint Date.....

Credit officer's comment on applicant's suitability based on character, capital, capacity, collateral, condition, cash flow and other indicators.

.....
.....
.....
.....
.....
.....
.....

Recommended Amount GHC	Name of Officer	Signature
.....

CREDIT COMMITTEE COMMENTS

.....
.....
.....

Amount Approved GHC..... Loan tenure..... Interest rate /month.....

Chairperson Member Member.....

Signature/date

EXTRA READY MICRO – CREDIT ENTERPRISE

P.O.BOX AD 875, ADABRAKA ACCRA

EMAIL: extrareadymicrocredit@gmail.com TEL. 020 651 5791

GUARANTOR FORM (ALL LOANS)

PERSONAL INFORMATION OF GUARANTOR

GUARANTOR NAME.....RELATIONSHIP TO CLIENT.....

DATE OF BIRTHSEX MARITAL STATUS.....

ID TYPE/NUMBER.....OCCUPATION/LOCATION

TEL. NUMBER.....PLACE OF WORSHIP.....

HOUSE NO/STATUS.....HOMETOWN.....NO.OF DEPENDANTS.....

BUSINESS INFORMATION OF GUARANTOR

Business Name.....Business Registration number.....

Business description.....Years in Business.....

Business Location status Owned Rented Family Others(store/container/stall/others)

FINANCIAL INFORMATION OF GUARANTOR

Cash in hand & bank		overdraft	
Stock		Bal of credit purchase	
Receivables		Other payables	
Total (A)		Total (B)	
W.C (A-B)			

Monthly Salary (For salary worker and attach 3 months pay slips)

Immovable Property (description, location and value) Building Land Vehicle Others

Details of loan to be secured

I.....do hereby guarantee a loan amount of GHC.....granted to
..... For a period of months and at an interest of.....% per month. I
certify that the information provided is true and accurate. I commit herein to exert moral pressure on the
borrower so as to ensure on – time repayment of the facility. I understand that **ERMCE** may take legal action
against the borrower and I, in case of no settlement of arrears of loan and interest.

Date

Guarantor Signature