



CLOGSAG WELFARE LOAN

Application Form

CLOGSAG National Headquarters: P.O. Box M336, Accra – Ghana
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PLACE
PASSPORT
PICTURE
HERE

1.0 PERSONAL DETAILS

Name of Applicant	<input type="text"/>	Staff ID	<input type="text"/>
Date of Birth	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
Mobile No.	<input type="text"/>		
Email	<input type="text"/>	Please Is CLOGSAG Dues Deducted from Your Salary?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Next of Kin	<input type="text"/>	Relationship	<input type="text"/>
Next of Kin Mobile No.	<input type="text"/>	Next of Kin Email	<input type="text"/>

2.0 ORGANIZATIONAL DETAILS

Name of Ministry/ Dept/ Agency (MDA)	<input type="text"/>
Postal Address	<input type="text"/>
Telephone Number	<input type="text"/>

3.0 LOAN REQUEST

Amount in words	<input type="text"/>	
<input type="text"/>	GHS	<input type="text"/>
Purpose	<input type="text"/>	
Proposed Loan Repayment Period	<input type="text"/>	

4.0 BANK DETAILS

Name of Bank	<input type="text"/>		
Account Name	<input type="text"/>		
Account Number	<input type="text"/>	Branch	<input type="text"/>

5.0 MDA ENDORSEMENT

The **(Name of MDA)** here confirms and warrants that the information provided on this form is true and not misleading as at the date of this application; that the applicant is an employee of this organization and that all particulars provided to the best of my knowledge are correct.

I hereby commit to ensuring that as long as the applicant remains indebted to the firm for the loan, consistent monthly deductions will be made. Additionally, in the event of resignation, voluntary retirement, death, termination of appointment or dismissal and vacation of post from the Public Service, a three-month notice will be provided to the firm. During this period, satisfactory arrangements/agreements will be reached for the complete settlement of the loan.

Head of Department

Name

Signature

(Contact Tel No.)

OFFICIAL STAMP

6.0 APPLICANTS DECLARATION

I hereby certify that all the information provided above is true and complete. I also agree to be bound by the conditions of the loan.

I hereby declare that in the event of resignation, voluntary retirement, death, termination of appointment or dismissal and vacation of post from the Public Service, any entitlements/gratuity and benefits due me should be used to defray the outstanding loan balance as of the date of occurrence of the aforementioned events.

Name:

Signature:

Date:

DD

MM

YYYY

Documents to attach include:

Current Pay Slip, Passport Picture, Mandate Form and OTP, Coloured Copy of Ghana Card(ECOWAS ID), Evidence of Bank Details

**OTP: Once the mandate form is generated, CAGD will dispatch an OTP via text. Kindly write the OTP on the mandate form before submission.*

7.0 OFFICE USE ONLY

Verified By:

Signature:

Date: