

Group Resources Management Cooperative Multipurpose Society Limited



Plot 17, Adewale Kolawole Crescent by Marwa bus stop, Lekki Phase I.
e-mail: admin@grouppresourcesltd.com; phone: 08023127783;08034681025;08037086281

LONG-TERM LOAN APPLICATION FORM

MATRIC NO			
SURNAME			
OTHER NAMES			
STATUS (tick)	CONTRACT <input type="checkbox"/>		MATRICULATED <input type="checkbox"/>
COMPANY (tick)	OERNL <input type="checkbox"/>	NAE <input type="checkbox"/>	CREST <input type="checkbox"/>
DEPARTMENT			
EXTENSION		CONTACT NO(s)	
BANK			
ACCOUNT NAME			
ACCOUNT NUMBER			

LONG-TERM LOAN DETAILS

AMOUNT APPLIED FOR: (in words).....

.....

.....

AMOUNT APPLIED FOR: (in figures): =N=.....

TENURE.....**(in months)**

TERMS AND CONDITIONS

1. Members can access up to 150% of total contributions as long term loan.
2. Maximum tenor for long term loan is 24 calendar months and interest is chargeable at ruling 364 days FGN Treasury Bills bond at disbursement for the loan.
3. Interest rate shall be applicable in the first instance for twelve months on amount applied for. After which the balance will be charged on same rate. Interest charged on loan upfront, lumped with principal and repayment of total sum spread over 24 months or applicable tenure.
4. In the event of default in payment of loan, the society shall reserve the right to deduct from member's savings, or at source from salary, any sum due including interest and bank charges arising from such transaction.
5. If the beneficiary ceases to belong to the cooperative society, or resigns his / her employment with OERNL / NAE / CREST during the tenure of this loan, the outstanding amount shall be deducted from the member's terminal benefits.
6. The beneficiary shall abide by the loan repayment plan of the cooperative society (a copy is obtainable from the society's office)



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AUTHORIZATION

I, Mr/Miss/Mrs.....

Do hereby authorize the management of OERNL/NAE/CREST to pay on my behalf to Group Resources Management Cooperative Multipurpose Society Limited, for the repayment of my loan without recourse to me as stated below:

Amount Deductible Monthly: N....., (in words)
.....
.....

From:To:.....

DECLARATION: I,....., do hereby declare that I have carefully read through the terms and conditions pertaining to the cooperative loan that I applied for and thus pledge to abide by them.

LOAN BENEFICIARY

WITNESS

Name:
Signature:.....
Date:
Phone:.....

Name:
Signature:
Date:
Phone: