AFFIX PASSPORT PICTURE HERE



	LINE WIAXX T LO	AN APPLICATION FORM
PERSONAL DETAILS		
Title: Mr. Ms.	Mrs. Dr. Others.	
		First Name:
		Other Phone No:
DENTITY:		
Гуре of ID:		ID Number:
Date of Issue:		Expiry Date:
EMPLOYMENT DETAILS	S:	
Name of Employer:		No of Years with Employer:
Department: Employers		ne Number: Net Salary: GHS
Employers Physical Add	dress:	
LOAN DETAILS:		
		Duration:
		Source of Repayment:
		
OFFICIAL USE ONLY		
Relationship Manager	r's Signature and Date:	
General Manager's Sig	gnature and Date:	
Managing Director's S	ignature and Date:	
		-