

# Personal Loan Fixed Rate Application Form

In this application, we would like to know you even better. We appreciate your time in sharing your information to help us have a comprehensive understanding of your financial needs and assist in planning your future. We look forward to serving you better.

Please complete in BLOCK LETTERS with BLACK INK and tick " $\sqrt{}$ " in the appropriate box

#### 1 My Personal Details

| Salutatio<br>First Nar |       | itle | ۵N   | ⁄lr ⊏ | Mr    | s 🗆   | Ms    | D  | r □I  | Prof  |       | Othe | rs (   | oleas | e spe  | ecify) |
|------------------------|-------|------|------|-------|-------|-------|-------|----|-------|-------|-------|------|--------|-------|--------|--------|
|                        |       |      |      |       |       |       |       |    |       |       |       |      |        |       |        |        |
| Middle N               | lam   | ne   |      |       |       |       |       |    |       |       |       |      |        |       |        |        |
|                        |       |      |      |       |       |       |       |    |       |       |       |      |        |       |        |        |
| Last Nar               | ne /  | / Su | rnai | ne    |       |       |       |    |       |       |       |      |        |       |        |        |
|                        |       |      |      |       |       |       |       |    |       |       |       |      |        |       |        |        |
| Type of<br>Passp       |       |      |      |       |       |       | 0     | D  | river | 's L  | icen  | ise  |        | Vo    | ter's  | s ID   |
| Other                  | s     |      |      | (F    | oleas | e spe | cify) |    |       |       |       |      |        |       |        |        |
| ID Docu                | mer   | nt N | umb  | ber   |       |       |       |    |       |       |       |      |        |       |        |        |
|                        |       |      |      |       |       |       |       |    |       |       |       |      |        |       |        |        |
| Date of I              | Birtl | h    | D    | D     | /     | Μ     | Μ     | /  | Y     | Y     | Y     | Y    |        |       |        |        |
| Gender<br>National     |       |      |      |       |       | mal   | e     |    | Othe  | ers _ |       | (ple | ease : | speci | fy)    |        |
| Marital S              | Stat  | us   |      | Sing  | le    | ΠN    | 1arri | ed |       | Othe  | ers - | (    | pleas  | e spe | ecify) |        |
| Number                 |       |      |      |       |       |       | 1     |    |       |       | )epe  | enda | ints   |       |        |        |

Highest Educational Qualification

#### 2 My Contact Details

| Tel. (Mobile 1)        |         |       |  |  |  |  |  |
|------------------------|---------|-------|--|--|--|--|--|
| Tel. (Mobile 2)        |         |       |  |  |  |  |  |
| Residential Telepho    |         |       |  |  |  |  |  |
| Office (Direct line if | applica | ıble) |  |  |  |  |  |
|                        |         |       |  |  |  |  |  |

Email Address

Provide Present Mailing Address (Including Country & City)

#### My Employment / Business Details

Name of Employer / Business

Salary Receipt Date

| Employer / Business Address<br>(Building / Street / Floor No.) P. O. Box   |
|--|
| Town / City Country  |
| Employer Telephone   |
|  |
| Nature of Employment   |
| Date employed         D         J         M         M         J         Y         Y         Y  |
| Terms of Employment  Permanent Contract Others Othe |
| Contract Tenure Years Months   |
| Duration with current employer   |
| Number of years with previous employer         Employment Sector (Salaried Employees)         Government       Local Company   |
| Employment Sector (Salaried Employees)<br>Import Export Wholesaler Others (please specify)   |
| Monthly Income (Local Currency) GH¢  |

| 4      | My Residentia          | al Details          |           |
|--------|------------------------|---------------------|-----------|
| Preser | nt Residential Addres  | SS                  |           |
| Area   |                        |                     |           |
| Accon  | nmodation Type         |                     |           |
| 🗆 Rent | ed 🗆 Owned             | Living with parents | Mortgaged |
| 🗆 Emp  | loyer provided         |                     |           |
| Length | n of stay at present a | ddress              | Months    |

Previous residential address (if less than 3 years at current residence)

| 5 My Bank Details                  |              |          |
|------------------------------------|--------------|----------|
| Bank Name                          |              |          |
| Branch                             |              |          |
| Type of Account                    |              |          |
| Account Number                     |              |          |
| Duration with Bank                 | □ Years      | □ Months |
| Loans with Other Banks / Financial | Institutions |          |

Monthly Repayment Repayment Date

# 6 My Credit Details

Apply for

| Employee Smart Scheme  | Employee Smart Credit (account holder) |
|------------------------|--|
| Amount Required GH¢    |  |
| Tenor of Loan (Months) |  |

D D / M M / Y Y

Purpose of Loan

| 7 My R          | eferees     |         |      |      |  |  |  |  |  |  |  |
|-----------------|-------------|---------|------|------|--|--|--|--|--|--|--|
| For Referee 1   |             |         |      |      |  |  |  |  |  |  |  |
| Full Name       |             |         |      |      |  |  |  |  |  |  |  |
| Relationship    |             |         |      |      |  |  |  |  |  |  |  |
| Tel. (Mobile 1) |             |         |      |      |  |  |  |  |  |  |  |
| Tel. (Mobile 2) |             |         |      |      |  |  |  |  |  |  |  |
| Tel. (Work)     |             |         |      |      |  |  |  |  |  |  |  |
| Home<br>Address |             |         |      |      |  |  |  |  |  |  |  |
| Number of year  | rs acquaint | ed with | Refe | eree |  |  |  |  |  |  |  |

For Referee 2

| Full Name       |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
| Relationship    |  |  |  |  |  |  |  |
| Tel. (Mobile 1) |  |  |  |  |  |  |  |
| Tel. (Mobile 2) |  |  |  |  |  |  |  |
| Tel. (Work)     |  |  |  |  |  |  |  |
| Home<br>Address |  |  |  |  |  |  |  |

Number of years acquainted with Referee

| 8 Employer's consent  | 9 Personal checklist  |
|---|---|
| Is the applicant under any current or intended disciplinary action?   | I have attached the following documents:  |
| □ Yes □ No  | Driver's Licence/Passport/Voter ID/National ID  |
| Is the applicant's residence as indicated in the application form?  | <ul> <li>Marriage Certificate/Birth Certificate (if applicable)</li> </ul>  |
| We confirm that based on the above instructions (Authority to Employer  | Utility bills (Electricity/Water if applicable)   |
| Assignment of Benefits), we will pay the monthly salary/deducted loar<br>installment amount directly to Standard Chartered Bank Ghana Limited | <ul> <li>Tenancy agreement (if applicable)</li> </ul>   |
| In the event of the applicant leaving the company, we confirm that we will pay any other allowances/benefits towards settlement of the loar   |   |
| outstanding/interest and charges directly to Standard Chartered Banl<br>Ghana Limited. We also confirm that we will not accept any change to  | )   |
| these instructions without prior written confirmation from Standard<br>Chartered Bank Ghana Limited. We also confirm that we will inform the  |   |
| Bank about the employee's registration or termination of his or he employment.  |   |
| Company Name  | In the event that the amount approved varies from the amount I applied for: (please tick one)   |
| Name of Company Official  |   |
|   | <ul> <li>Credit my account directly with the approved amount</li> </ul>   |
| Title   | Contact me before crediting the amount into my account  |
|   | Signature of Applicant:   |
| Signature   |   |
| Date  | <b>IMPORTANT:</b> Please note that Agents or Representatives of Standard Chartered are NOT authorized to collect cash or cheques on behalf of the Bank under ANY circumstances. |
|   |   |

For all Customer Enquiries and Complaints

<sup>1</sup> Call: 0302 740 100

<sup>2</sup> Contact

Ghana.Call-Centre@sc.com Feedback.Ghana@sc.com www.sc.com/gh

Company Stamp

For Bank Use Only (Personal Loan)

| BDO / BSSE's Name          | Credit Approver's Name           |
|----------------------------|----------------------------------|
| BDO BSSE                   |                                  |
| Code                       |                                  |
|                            | Signature                        |
| Signature                  | Head of Credit Name              |
| Recommended by             |                                  |
| Name                       | Signature                        |
| Signature                  | Credit Operations Manager's Name |
| Loan Centre Officer's Name |                                  |
|                            | Signature                        |
| Signature                  |                                  |

#### 11 Smart Credit

Date:

.....

The Loan Centre Manager Standard Chartered Bank (Gh) Ltd. P. O. Box 768 Accra

Dear Sir/Madam

#### **ASSIGNMENT OF TERMINAL BENEFITS:**

In consideration of Standard Chartered Bank granting me a loan,

I give this irrevocable undertaking that:

1. I authorize my employer,

( .....), to provide and confirm any employment details that may be required for the processing of this facility.

.....

.....

- I further authorize my employer to forward my monthly loan repayment to Standard Chartered Bank towards the repayment of my loan until facility is fully paid.
- 3. I further undertake to promptly notify you in the event of my employment with my current employer being terminated.
- 4. I have also authorized my employer to assign to the bank my terminal or end of service benefits which I may be entitled to towards the permanent reduction of my outstanding loan, should my employment cease. Such monies should be paid directly to the bank and I hereby confirm notification of this assignment to my employers.
- 5. I will act responsibly not to prejudice recovery of the credit facilities advanced to me.
- I shall notify the bank of my transfer to another station and ensure that I keep to the agreed arrangement for repayment until the loan is paid in full.
- 7. This arrangement will remain in force until the loan granted to me has been paid in full.

Yours faithfully

# 2 Scheme

Date:

The Loan Centre Manager Standard Chartered Bank (Gh) Ltd. P. O. Box 768 Accra

Dear Sir/Madam

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Yours faithfully

Applicant Signature

Applicant Name

Name of Authorised Company Official

Applicant Signature

#### Applicant Name

Name of Authorised Company Official

Signature \_\_\_\_

Date\_

0

Signature \_\_\_\_

Date \_

Company Stamp

Company Stamp

# **Branch Directory**

## **Priority Banking Lounges:**

Accra High Street Priority Lounge Head Office Building, High Street

Kumasi Harper Road Priority Lounge Harper Road Branch

Liberia Road Priority Lounge 1st Floor Liberia Road Branch

North Industrial Area Priority Lounge North Industrial Area Branch

Opeibea House Priority Lounge 1st Floor Opeibea House Branch

\* For Priority Clients only

#### **Branches**

Abeka Abeka-Lapaz

Accra High Street

Ahodwo

**Breeze** @ **East Legon** Dellino Plaza

Dansoman Dansoman Market

Harper Road Adum, Kumasi

Legon Near University Bookshop

Liberia Road Opposite TUC Building

Liberation Rd - Takoradi

Madina Near Firestone North Industrial Area

Accra North

Obuasi Opposite Methodist Church

Opeibea House Airport, Accra Osu Osu Oxford Street

Ring Road Central

Accra Spintex Road Near Hydraform Estates -Junction

Tamale

\* Contact us on 0302 610750 or 0302 633393 to be connected to any branch

#### **Business Banking**

Accra Kumasi Business Banking Centre SSNIT Building, Awudome Harper Road

\* Contact us on 0302 610750 or 0302 633393 to be connected to our Business Banking Centres

### **Banking Hours**

| Monday - Friday | All Branches  | 8:30 am - 4 pm |
|-----------------|---|----------------|
| Saturday        | Abeka, Achimota, Ahodwo,<br>Opeibea, Osu, Spintex, Tema<br>Tudu, West Hills, Westlands. | 9 am - 2 pm    |
| Monday - Sunday | Breeze @ East Legon   | 24 Hours       |

For Enquiries / Feedback / Complaints / Compliments call our 24 hour Client Care Centre on Toll Free number 0800 740100 or +233 302740100 or send us an email on GH.StandardChartered@sc.com or visit our website www.sc.com/gh

Alternatively, you may speak to our staff in any branch.

Osu Priority Lounge 1st Floor Osu Branch

Ring Road Central Priority Lounge 1st Floor Ring Road Central Branch

Tema Priority Lounge Tema Branch

Tema Harbour Priority Lounge Tema Harbour Branch

#### Tema Community 1,Tema

Tema East Motorway Roundabout

Tema Harbour Harbour Roundabout

Tudu SCB Building

Westlands Westlands Blvd

Achimota Achimota Retail Centre

West Hills West Hills Mall



