



# RCF LOAN APPLICATION FORM



## THE BUSINESS DETAILS

Business Name (Registered)

Trading Name

Date of Establishment  Registration #

BoG License Number

Business Postal Address

Location & Digital Address

Telephone Number (s)  Business Email

Main Official Business

Total Number of Staff  Number of Branches  Which Tier do you belong?

Owner Leasehold  Owner Freehold  Tenant

Business Premises Status

Government  Family House  Other (Specify)

## THE LOAN DETAILS

Purpose of this Loan:  Support Loans

Loan amount required (GHC)  Duration of Loan Repayment  months

Name/Type of Collateral  Value of Collateral (GHC)

Ownership of Collateral  Is the Collateral encumbered?  Yes  No

Have the Business had any loan with any financial institution before?  Yes  No

If Yes, with whom

When (year)  Amount  Have you finished Paying?  Yes  No

**THE LOAN DETAILS OF FIRST DIRECTOR/OWNER/MANAGER (PRINCIPAL CONTACT)**

First Name  Middle Name  Surname

Common Name  Date of Birth  Gender  Marital Status

No. of dependents  Hometown  Nationality

Postal Address

Residential Address

How long have you stayed at your residence?  years  months

Landmark at Residential House

Residential Status  Other (Specify)

Telephone (Home)  Telephone (Mobile)

E-mail  I.D. Type  I.D. Number

**DECLARATION**

1. By signing the application form, the business agrees and consent for the applicant and/or its Directors (where applicable) details to be subjected to in accordance with the Credit Reporting Act 2007 (Act 726), Data Protection Act 2012 (Act 843), Borrowers & Lenders Act 2020 (Act 1052).
2. In the event that the application is approved, I/we understand that, I/we will be required to open an account with a preferred Rural or Community Bank through which transactions would be carried for the purpose of this facility.

I  hereby certify that, all the information given is true and complete.

Signature  Date

**DETAILS OF WITNESS (MANAGEMENT MEMBER/DIRECTOR)**

Full Name

Age  Gender  Occupation  Tel:

I.D. Type  Number

I (witness) hereby certify that, all the above information given is true and complete and witness that I have full knowledge of the applicant's request of the amount and interest stated in this application. **(Attach copy of ID)**

Signature  Date

**ASSOCIATION'S ATTESTATION**

The to which the applicant belongs attest that the applicant is a member in good standing as at today We have no objection to this application.

|                  |                      |       |                      |
|------------------|----------------------|-------|----------------------|
| Name of Official | <input type="text"/> |       |                      |
| Signature        | <input type="text"/> | Stamp | <input type="text"/> |
| Date             | <input type="text"/> |       |                      |

**NOTE (ATTACHEMENTS)**

Kindly add all the following documents and details:

1. "Letter of Attestation" from your Association.
2. Copy of unexpired Business Registration, Bank of Ghana and Association Membership Certificates
3. Copy of unexpired Business Operating Permit (from MMDA)
4. List of Directors and Management Team (Tier 2 and 3 only) – Use Appendix
5. Operational Performance (last 6 months) – Use Appendix
6. Board Resolution for the loan (Tiers 2 & 3), Management Resolution for Tier 4.
7. Current Year to Date Management Accounts
8. Copy of last Bank of Ghana Prudential Report
9. Two (2) Years of Audited Financial Statements
10. Answer the following on your letterhead:
  - o How can you ensure that your business repays the facility?

**SUBMISSION OF COMPLETED APPLICATION WITH ALL ATTACHEMENTS**

Completed application form with all the necessary attachments should be sent to:

- Ruth Osei-Asante, Credit Unit, rafful@arbapexbank.com or
- Hand delivered addressed to:
  - o The Managing Director,
  - o c/o Credit Unit
  - o ARB Apex Bank – Accra.
- For enquiries or follow up on applications, applicant may contact the ARB Apex Bank Team as follows:
  - o ARB Apex Bank Team: +233 (0) 544-736383

**OFFICIAL USE ONLY**

Amount requested (GHC)

Amount Approved (GHC)

Periodic Repayment (GHC)

Loan Duration  months

Date of First Installment

Date of Last Installment

Payment Frequency

Previous Loan History Remark (if applicable)

Officer's Name

Position

Remarks

Signature

Date

Stamp

**APPENDIX**

**1. Details of Current Directors/Advisory Team Members**

| <b>Name</b> | <b>Position on Board /<br/>Advisory Team</b> | <b>Age and Number of years served<br/>on the Board</b> | <b>Qualification</b> |
|-------------|--|--|----------------------|
|             |  |  |                      |
|             |  |  |                      |
|             |  |  |                      |
|             |  |  |                      |
|             |  |  |                      |
|             |  |  |                      |

**2. Details of Management staff showing title, qualification and experience (at least 5 top personnel - if available)**

| <b>Name</b> | <b>Position / Title</b> | <b>Qualification</b> | <b>Working Experience</b> |
|-------------|-------------------------|----------------------|---------------------------|
|             |                         |                      |                           |
|             |                         |                      |                           |
|             |                         |                      |                           |
|             |                         |                      |                           |
|             |                         |                      |                           |
|             |                         |                      |                           |

**3. Operational Performance**

**Provide the following information according to the last 6 months of your operations**

| <b>Month</b> | <b>Value of<br/>Deposits</b> | <b>Number of<br/>Depositors</b> | <b>Number of<br/>New Loans<br/>Granted</b> | <b>Value of New<br/>Loans<br/>Granted</b> | <b>Number of<br/>borrowers</b> | <b>NPL &gt;30<br/>(monthly)</b> | <b>Net Income -<br/>Value</b> |
|--------------|------------------------------|---------------------------------|--|---|--------------------------------|---------------------------------|-------------------------------|
|              |                              |                                 |  |   |                                |                                 |                               |
|              |                              |                                 |  |   |                                |                                 |                               |
|              |                              |                                 |  |   |                                |                                 |                               |
|              |                              |                                 |  |   |                                |                                 |                               |
|              |                              |                                 |  |   |                                |                                 |                               |
|              |                              |                                 |  |   |                                |                                 |                               |