



**ASHANTI REGIONAL ISLAMIC UNIT TEACHERS AND EDUCATIONAL WORKERS  
SUPPORT SCHEME  
(ARITEWSS)**

## LOAN APPLICATION FORM

**1. PERSONAL DATA**

NAME OF APPLICANT: ..... AGE: .....

ADDRESS: .....

STAFF ID: ..... PV NO.: ..... TEL NO.....

PURPOSE: ..... MONTHLY SALARY (NET) .....

PROPOSED MONTHLY REPAYMENT (NUMBER OF MONTHS/YEARS) MAXIMUM 2YRS FOR ₵5,000.00

LOAN OUTSTANDING: ..... AMT. REQUESTED (GH₵.....)

SIGNATURE: ..... DATE: .....

**2. PLEDGE BY GUARANTOR**

IN EVENT OF DEFAULT OF PAYMENT OF ANY OF THE INSTALMENTS OF THE LOAN AMOUNTING TO  
GH₵: .....

**AMT IN WORDS**

I, THE UNDERSIGNED AGREE THAT YOU DEBIT MY SAVINGS ACCOUNT IN SETTLEMENT OF SUCH INSTALMENTS.  
THE ORDER IS TO REMAIN IN FORCE UNTIL THE LOAN IS FULLY PAID.

NAME: ..... STAFF ID: .....

PV NUMBER: ..... ARITEWSS ACCOUNT NUMBER: ARIT/...../.....

SIGNATURE: ..... DATE: .....

**3. CONFIRMATION BY HEAD OF SCHOOL**

I .....  
CONFIRM THAT MR. / MRS. / MISS / MS: .....  
IS AN EMPLOYEE AT ..... AND I RECOMMEND  
HIM/HER FOR YOUR FINANCIAL ASSISTANCE, AND SHALL NOTIFY YOU IMMEDIATELY OF HIS/HER  
RESIGNATION/TERMINATION/TRANSFER OR ANY DEVELOPMENT  
ABOUT HIS/HER SALARY.

STAMP, SIGNATURE AND DATE OF HEADTEACHER

**4. FOR OFFICE USE ONLY**

AMT APPROVED BY THE BOARD: GH₵: .....

REPAYMENT PERIOD: ..... INTEREST: .....

REPAYMENT INSTALMENT PER MONTH GH₵: ..... LPP: .....

TOTAL: GH₵.....