

QUICK CASH REQUEST FORM

(Please complete section 1-4 only on this form in block letters)

1. MEMBER'S DETAILS:

NAME (*Surname First*)

Company.....Dept. / Location.....Employee Sharp ID

GSM number..... Tel Ext.....

ADDRESS:

2. CASH REQUEST DETAILS:

Amount Requested in Words:

.....

Amount Requested in figures (=N=)..... Repayment Duration.....

Purpose for the Cash Requested.....

Bank Name.....Bank Account Number.....

3. GUIDELINES:

- ✓ Maximum Amount is Three Million Naira (=N= 3M) Only and subject to the Availability of funds and the approval of the President or Designate.
- ✓ Treatment of Applications shall be on "first come first served" basis.
- ✓ Loan Principal Repayment shall be either through Payroll or Direct payment to PROCOOP.
- ✓ For repayment through Payroll, Maximum repayment period of 6 months with equal Monthly deduction of Principal
- ✓ For repayment through Direct payment to PROCOOP, the member shall drop a signed Post-Date Cheque of the approved loan before disbursement of the loan is made.
- ✓ Applicants are required to attach a copy of immediate past two (2) Months' Pay Slip.
- ✓ Society shall have all the rights exercisable by the Indemnifier over all the benefits including but not limited to his /her, terminal benefits, retirement benefits, ESP, Superannuation, etc. to the extent to which he/ she is indebted to the Society and the amount deductible shall be limited to the amount formally advised to the company by the Cooperative Society.
- ✓ Completed, signed and executed application is irrevocable.
- ✓ Defaulters in repayment and in complying to the guidelines here stated shall be addressed by the management Committee and extra charges shall apply which shall be determined from time to time.

4. AUTHORIZATION TO DEDUCT:

To: Manager, Payroll

I have just obtained a Cash loan of

(=N=).from the Cooperative Society. I hereby authorize you to deduct the following amount

..... (=N=) from my Salary monthly inequal installments with effect from.....**20**.....and pay same to PROGRESSIVE MOBIL EMPLOYEES MULTI-PURPOSE COOPERATIVE SOCIETY Limited, Akwa Ibom State.

In the event of my death or early retirement/discharge from the company before the loan is fully paid off, I hereby agree that the Cash loan will be the first charge on my retirement benefits / ESP / Pension, etc.In signing below, I hereby certify and warrant that all the information given above is true and correct. I hereby authorize you to make any necessary inquiries for the purpose of evaluating this application. I also hereby agree to abide by the above guidelines.

Name of Applicant..... Signature/date.....



Progressive MOBIL EMPLOYEES MULTI-PURPOSE COOPERATIVE SOCIETY, AKWA IBOM STATE.

WWW.PROCOOPNIGERIA.COM

MPN, QIT, IBENO, AKWA IBOM STATE

FOR OFFICIAL USE ONLY:

5. REVIEWER:

S/N		Amount (=N=)
A.	Requested Loan Amount	
B.	Outstanding Loan Balance	
C.	Current Loan Balance (A-B) OR (A+B) for Top up	
D.	Amount to Disburse	
E.	Current Monthly Interest (3%)	
F.	Average Monthly Deduction From Payroll (Principal + Interest)	
G.	Other deductions	

This application has been reviewed and is approved/Rejected . The application is recommended for the sum of

.....(=N=.....)

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

6. FINAL APPROVAL:

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

FOR OFFICIAL USE ONLY:

APPLICANT'S NAME:.....

TRANSACTION REFERENCE:.....

