



# NIGERIA UNION OF TEACHERS FCT WING, ABUJA. MULTIPURPOSE CO-OPERATIVE SOCIETY LTD.

Website-nutfctcoop.com Contact: 07057457420, 08032731070,080603232290 Email-nutfctcoop@yahoo.com.

School/Establishment: .....  
DEPARTMENT: .....  
NUT BRANCH: .....  
DATE: .....

Thro: The Secretary,  
To: The Management, Loan & Credit Committee  
NUT-FCT Wing Multipurpose Cooperative Society Ltd, Abuja.

Dear Sir/Madam,

## APPLICATION FOR LOAN FROM THE SOCIETY

I wish to apply for a ..... Loan of: ₦..... (.....)  
from the Society. I wish to use the loan (if approved) for

I hereby increased my monthly deductions from ₦ ..... to ₦ .....to take care of the repayment  
of this loan within a period of ..... ( )...months. (From.....To.....)

**DO YOU INTEND TO RETIRE FROM THE SERVICE WITHIN THE YEAR?:**.....

**DATE OF 1ST APPOINTMENT**...../...../..... **AGE**.....

**Bank Name:**..... **Bank A/C Name** .....

**Bank Account Number:**

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**Yours Faithfully,**

Full Name: Mr./ Mrs./ Miss:.....

Rank: ..... PF No.: ..... NUTFCTCOOP/..... Signature: ..... GSM:.....

### FOR OFFICE USE ONLY

**MEMBER'S CURRENT TOTAL SAVINGS: ₦**.....

**AUTHORISATION:AMOUNT APPROVED ₦**.....

**INTEREST CHARGED ₦**.....

**NET ₦**.....

**MONTHLY REPAYMENT AMOUNT-INT ₦**.....

Checked by: CO-OP. OFFICER..... **SECRETARY**.....

Signature / Date

Signature / Date

**TREASURER**..... **PRESIDENT**.....

(Signature / Date)

(Signature / Date)

**NB: Please attach a copy of your *LAST* salary pay slip & front page of your bank account statement you wish to receive the loan value for confirmation of NUBAN to this form before submission.**

**NIGERIA UNION OF TEACHERS**  
**FCT WING, ABUJA.**  
**MULTIPURPOSE CO-OPERATIVE SOCIETY LTD.**

**(G. NORMAL/SPECIAL FORM)**

OFFICE: .....  
DEPT: .....  
NUT BRANCH.....  
DATE: .....

**GUARANTOR'S FORM (In respect of Normal Loan)**

(To be completed by TWO MEMBERS of the society who are not servicing loan)

In consideration of the Society having agreed to grant Mr./Mrs. ....  
Sch./Est..... A loan of ₦ .....  
(.....) Payable by monthly installments  
of ₦ ..... Within a period of ..... ( ) ..... months. (From..... To.....)

I, the undersigned, hereby guarantee the repayment of the loan granted by the Society to the Borrower upon the following condition (s):

**(1) If the Borrower shall default in the repayment of the loan, I shall, upon demand, pay to the Society any outstanding balance of the loan from my Salary, Allowances and or Final Entitlement(s).**

**Surety 1**

FULL NAME: .....  
RANK: ..... PF NO. ....  
COOP NO.....GSM. ....  
DEPT. ....  
SIGNATURE: .....  
How old are you with the co-op. ....

**Surety 2**

FULL NAME: .....  
RANK: ..... PF NO. ....  
COOP NO.....GSM. ....  
DEPT. ....  
SIGNATURE: .....  
How old are you with the co-op. ....

**CAUTION: REMEMBER THAT IT IS DANGEROUS TO SURETY SOMEBODY YOU DO NOT TRUST.**

**I shall be bonded (in addition to my two sureties) for on the recovery of my outstanding loan from my benefits or gratuities in the event of retirement, termination of appointments or death.**

*Better Life Forever*

\_\_\_\_\_  
Applicants' Signature/Date

SIGNED FOR AND ON BEHALF OF THE BRANCH:

(Branch Reps. Only) NAME: ..... DATE: .....

**NB: (Two Guarantors' required)**