ACCRA TECHNICAL UNIVERSITY

DIRECTORATE OF FINANCE

ATUCF23 – BICYCLE LOAN APPLICATION FORM

TO: Management Board of the Scheme

PART A: **TO BE COMPLETED BY APPLICANT:**

1. I…….. being …… (Rank) at the Department of …….. apply for bicycle loan of GH¢……. (State cost of bicycle including cost of comprehensive insurance premium). The bicycle I intend to buy is new/secondhand …….....

   (Insert make of the bicycle)

2. Proforma Invoice/Valuation Certificate and Mechanical Engineer's report of which is attached, the seller is ……..……

3. I agree that if granted, the loan together with the interest of ten (10) percent per annum on the reducing balance basis shall be recovered at source from my salary within a period of two (2) years beginning from the month of …… I also agree that University reserve the right to recover the loan balance with interest at commercial rate anytime I default in serving the loan.

4. My present basic gross salary is GH¢ …… per annum. I have/have no liability on a previous loan to purchase a car.

   Signature:…… Date: ……..

5. Mode of payment: Direct to bank/cheque/cash

Bankers:..... Branch: ..... Account No:.....

PART B: **TO BE COMPLETED BY GUARANTOR, WHO MUST BE A FULL TIME MEMBER OF STAFF (WITH A SALARY EQUAL OR HIGHER THAN THAT OF THE APPLICANT):**

I hereby guarantee full payment of the loan herein granted to the Applicant in the event of his/her default, and failing which I agree to have the amount remaining and unpaid deducted from my salary.

1. Guarantor's Name: ……
   Department: ……..
   Signature: …….

I hereby guarantee full payment of the loan herein granted to the Applicant in the event of his/her default, and failing which I agree to have the amount remaining and unpaid deducted from my salary.

2. Guarantor's Name: ……
   Department: ……..
   Signature: ……..

PART C: **TO BE COMPLETED BY APPLICANT'S HEAD OF DEPARTMENT/DEAN/PRO VC:**

I certify that Mr. /Mrs. /Miss/Dr. ……..

is a full time employee of this department:……...

Date: ……..... Name: ……. Signature: ……

PART D: **TO BE COMPLETED BY THE DIRECTOR OF FINANCE:**

1. Date of previous advance/loan…….....

2. Deductions in respect of previous advance loan (Bicycle, etc) GH¢……..

3. Deduction in respect of the applicant if approved GH¢……

4. Total deductions GH¢……

5. I certify that the salary of the applicant per month is GH¢……

And an amount of GH¢ ……. recoverable therefore will/will not exceed two fifths (40%) his/her basic monthly salary.

6. The above application is recommended/not recommended for approval.

Reasons: ……

……

Date: …… Signature: ……..

PART E: **TO BE COMPLETED BY THE REGISTRAR:**

1. The applicant is a member of staff of this University with a file number …….

2. The application is recommended /not recommended for approval.

Reasons: ……

……

Date: ……. Signature: ……..

PART F: **TO BE COMPLETED BY THE VICE CHANCELLOR:**

I approve/do not approve the above application for a loan of …… for the purpose described above.

Date: …….. Signature: ……..