



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 Support Deposits Support Administrative Expenses

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) and Lenders and Borrowers Act 2008 (Act 773).
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. Business Plan/Strategy
7. Board Resolution for the loan (Tiers 2 & 3), Management Resolution for Tier 4.
8. Current Year to Date Management Accounts
9. Copy of last Bank of Ghana Prudential Report
10. Two (2) Years of Audited Financial Statements
11. Answer the following on your letterhead:
 - o How has COVID-19 affected your business?
 - o How can the facility mitigate the effect (s) of COVID-19 on your business?
 - o How can you ensure that your business repays the facility?
 - o What measures has the management of your MFI taken to mitigate the impact of the COVID-19 pandemic on the business?

SUBMISSION OF COMPLETED APPLICATION WITH ALL ATTACHEMENTS

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

- Dennis Dogbey, Credit Analyst, ddogbey@arbapexbank.com or
- Hand delivered addressed to:
 - o The Managing Director,
 - o c/o Credit Analyst
 - 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: 026-443-0503

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

Name	Position on Board / Advisory Team	Age and Number of years served on the Board	Qualification

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

Name	Position / Title	Qualification	Working Experience

3. Operational Performance

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

Month	Value of Deposits	Number of Depositors	Number of New Loans Granted	Value of New Loans Granted	Number of borrowers	NPL >30 (monthly)	Net Income - Value