Application Form A [CedisPay]

Please complete all applicable sections of this form and forward a scanned copy via e-mail to d.quayson@cedis.com.ghIf you require any assistance in completing the form, kindly contact us on 0244680960**.**

First Name Middle Name Last Name

**PERSONAL DETAILS**

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PENSION ID National ID Phone Number

**LOAN DETAILS**

Loan Amount Loan Tenor

Account to be used to secure loan:

Pension Scheme

Savings Both

Portion of contribution to be used:

 Employer Only

***Processing Fee:3.5%***

 Employee Only  Both

***Interest Rate on Facility : 1.8% per month***

*By checking any of the boxes above you certify that when you default, Undersigned trustee has the authority to pay Cedispay with your vested Tier 3 Pension Scheme without your approval.*

Signature of Customer Date

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**EMPLOYERS DETAILS**

Has the employer contribution vested?

**Yes**

No Conﬁrmed Date of Employment:

Does the employee have a /lien to be recovered from the employer contribution?

Name of Authorized Oﬃcer

Yes No

If yes please specify, lien amount:

Signature & Stamp

Phone Number: Date:

***Disclaimer: Oﬃcial stamp and signature from company veriﬁes that all information provided are accurate.***

***For Official Use ( Trustee)***

Total Tier 3, Balance Vested Amount to be used as collateral. Name of Authorized Oﬃcial

Position/Title:

Signature of Authorized Oﬃcial

Date: