



Bismillahir-Rahmanir-Raheem

IMAN TRUST

NON INTEREST COOPERATIVE SOCIETY

A SUBSIDIARY OF IMAN, UITH, ILORIN

LOAN APPLICATION FORM

IMAN TRUST
ID NUMBER:

IT:

MEMBERSHIP

Regular

Honorary

Others

AFFIX
PASSPORT
PHOTOGRAPH
HERE

LOAN AGREEMENT

TO BE FILLED IN DUPLICATE

- * Your savings status confers on you the worthiness to a non-interest loan as a member. Loan facility attracts neither interest nor any hidden charges.
- * Loan repayment plan is structured on its own merit irrespective of monthly savings of account balance.
- * You are advised to put your next of kin in the picture of this transaction in case circumstances later dictate that the burden of repayment be transferred to them.
- * All payment/deduction from source shall be made directly into the IMAN TRUST BANK ACCOUNT. Payment with cash shall not be honoured.
- * If deduction from source is not done for any reason for the agreed month, I shall pay the sum that is due for that month into IMAN Trust Bank Account.
- * In the event of inability to continue to service the loan, refund, retirement, retrenchment from service or death, I here by authorise the management of the University of Ilorin Teaching Hospital to debit any balance thereof from any severance allowance or pension benefits that may be due to me.

APPLICATION FOR LOAN

Emergency

Main

Educational

Others

I wish to apply for a loan of _____

Intended repayment plan will be Full Naira only (N : K)
Installmental

Yours in Islam ₦ : K/Month

Name _____ Sign & Date _____

GSM _____

Lead Guarantor: I _____

of _____ Dept. _____ Folio No _____

IPPS No _____ IMAN No _____ GSM No _____

hereby guarantee the payment of this credit facility by the customer. I will be responsible for 25% 50% Others

of the default value. Signature: _____

Witness I: Name _____ Tel: _____

Address: _____ Signature: _____

Guarantor II: I _____

of _____ Dept. _____ Folio No _____

IPPS No _____ IMAN No _____ GSM No _____

hereby guarantee the payment of this credit facility by the customer. I will be responsible for 25% 50% Others

of the default value. Signature: _____

Witness I: Name _____ Tel: _____

Address: _____ Signature: _____

Guarantor III: I _____

of _____ Dept. _____ Folio No _____

IPPS No _____ IMAN No _____ GSM No _____

hereby guarantee the payment of this credit facility by the customer. I will be responsible for 25% 50% Others

of the default value. Signature: _____

Witness I: Name _____ Tel: _____

Address: _____ Signature: _____

DEDUCTION FROM SOURCE

UITH File No. _____

THE H.O.D ACCOUNT,
UITH, Ilorin.

Department _____

I hereby authorise you to deduct my contributions to IMAN Trust, UITH, Ilorin from my monthly salary and credit same to IMAN Trust, UITH, Ilorin.

Bank: Keystone Bank PLC

Account number: 1006220856

INDEMNITY:

I _____ hereby expressly authorize IMAN TRUST to debit my account/deposit within its possessions or any other deposits/salary/assets belonging to me elsewhere to set off the sum of this debt without further notice to me after defaulting for more than 7 days. I hereby further indemnify and hold IMAN TRUST harmless and fully indemnified from claim, actions, damages, liability or suit that may arise as a result of IMAN TRUST's action(s) towards satisfaction of my obligation(s). Signature _____