



CONTROLLER SALARY LOAN APPLICATION FORM

TF FINANCIAL SERVICES LIMITED

	CHECKLIST FOR CONTROLLER SALARY LOAN	YES	NO	REMARKS
1.	Filled Application Form			
2.	Completed Loan Advance Form			
3.	Completed Authority Note Form			
4.	Applicant's Salary Slips For Immediate Past Three Months			
5.	Passport Pictures endorsed by Head of Department (2)			
6.	Photocopy of Applicant's Valid I.D. (Voter, Driver's License, Passport)			
7.	A printed and signed mandate form			
8.	Head of Department's endorsement of forms			
NB: Please do not use correction fluid on the form.				
Sales Officer: Signature:				
Team Leader/Agency Office:				

PERSONAL DETAILS

Title (Mr/Mrs./Miss/Ms/Others).....

SURNAME FIRST NAME.....

MIDDLE NAME..... MAIDEN NAME.....

MARITAL STATUS MARRIED SINGLE DIVORCED WIDOWED RELIGION.....

SOCIAL SECURITY NO..... DATE OF BIRTH:

STAFF NO..... PRESENT WORK PLACE.....

ID TYPE ID NO.....

CITY/TOWN/VILLAGE..... NATIONALITY

DISTRICTREGION OF WORK PLACE.....

POSTAL ADDRESS.....

TELEPHONE..... EMAIL.....

RESIDENTIAL ADDRESS.....

NET MONTHLY SALARY..... AMOUNT REQUIRED GHC

REPAYMENT PERIODPURPOSE OF THE LOAN

NAME AND BRANCH OF BANK



BANK ACCOUNT NUMBER

LOAN DISBURSAL INSTRUCTIONS

TRANSFER TO BANK ACCOUNT

I, do hereby authorize TF FINANCIAL SERVICES LIMITED that pursuant to their approval of the loan facility of GH¢..... in my favour, the said amount should be credited to my current/saving Account number domiciled with Bank Branch

OR

TRANSFER TO MOBILE MONEY ACCOUNT

I, do hereby authorize TF FINANCIAL SERVICES LIMITED that pursuant to their approval of the loan facility of GH¢..... in my favour, the said amount should be credited to my mobile money number.....

Signed:

(HEAD TEACHER/HEAD OF DEPARTMENT)

COMMENTS AND RECOMMENDATIONS

.....
.....
.....
.....

MOBILE NUMBER:

DATE: SIGNATURE & STAMP:

CREDIT REFERENCE

I do hereby agree that TF Financial Services Limited shall make information concerning my facility available to the Credit Reference Bureau pursuant to Section 24 (Clauses 1-4) of the Credit Reporting Act 2007 (Act 726). Any default without satisfactory arrangement with TF Financial Services shall also be reported to the Credit Reference Bureau.

Signature..... Date:



TF FINANCIAL SERVICES LIMITED

PRE-AGREEMENT TRUTH IN LENDING DISCLOSURE STATEMENT

(This is neither a Contract nor a Commitment to Lend)

Applicant:

Address:
Application No:

Prepared By:
Date Prepared:

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit at a yearly Rate %	The amount of credit will cost you (specify currency and amount) GH¢	The amount of credit provided to you or on your behalf GH¢	The amount you will have paid after making all payments as scheduled GH¢
REQUIRED DEPOSIT PAYMENTS: N/A			
Number of Payments:		Amount of Payments:	When payments Due:
<input checked="" type="checkbox"/> DEMAND FEATURE: This obligation has a demand feature <input type="checkbox"/> VARIABLE RATE FEATURES: This loan contains a variable rate feature. A variable rate disclosure has been provided earlier.			
INSURANCE : The following insurance is required to obtain credit: <input checked="" type="checkbox"/> Credit Life insurance <input type="checkbox"/> Credit disability <input type="checkbox"/> Property insurance <input type="checkbox"/> Flood insurance			
You may obtain the insurance from anyone you want that is acceptable to creditor. If you purchase property flood insurance from creditor you will pay US\$/GH¢ for a one year term.			
SECURITY: You are giving a security interest in: N/A <input type="checkbox"/> The goods or property being purchased <input type="checkbox"/> Real property you already own			
FILING FEES: US\$/GH¢ LATE CHARGE: If a payment is more than [] days late, you will be charged % N/A PREPAYMENT: where the client repays the loan in full within 15 days from the last anniversary date, any interest chargeable shall be pro-rated. Any payment made after the 15 days from the anniversary date shall however attract a full month's interest.			
<input type="checkbox"/> will/will not have to pay a penalty of [] N/A <input type="checkbox"/> may/may not be entitled to a refund of part of finance charge. N/A			

Sign
Client

Sign
Loan Officer



TFFS COPY

PRIVATE AND CONFIDENTIAL

Customer's Name:
Address:
Residential Address:

OFFER LETTER

Dear Sir/Madam,

Further to your request for a facility under the Controller Salary Loan, we are pleased to inform you that TFFS Ltd is willing to grant you the facility under the following terms and conditions:

Facility Type: Controller Salary Loan Amount: GH¢..... Purpose:.....
Interest Rate:.....% per month Processing fee:.....% (one off) Loan Protection Fee:% (one off)
Tenor: Maximum of months (tied to contract for contract staff)
Availability: Facility will be available for and shall not exceed the above-specified tenor.
Repayment source: Deduction from Salary at source/Direct Debit Disbursement:
Monthly repayment: from to
Early Repayment: Will be permitted subject to payment of the outstanding loan principal and interest due at the time of repayment.

This offer expires 7 days from the date of the offer letter

Yours faithfully,

For: TF Financial Services Limited

Authorized Signatory: _____ Authorized Signatory: _____

Date: _____ Date: _____

If the above terms and conditions as well as those stated in the application form are acceptable to you, please sign signifying acceptance and return it to TFFS.

Customer's Signature: Date:

In the Presence of

Name: _____
Occupation: _____
Address: _____
Date: _____
Signature _____



CUSTOMER COPY

PRIVATE AND CONFIDENTIAL	
Customer's Name:
Postal Address:
Residential Address:

OFFER LETTER

Dear Sir/Madam,

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Monthly repayment: from to

Early Repayment: Will be permitted subject to payment of the outstanding loan principal and interest due at the time of repayment.

This offer expired 7 days from the date of the offer letter

Yours faithfully,

For and on behalf of TF Financial Services Limited

Authorized Signatory: _____ Authorized Signatory: _____

Date: _____ Date: _____

If the above terms and conditions as well as those stated in the application form are acceptable to you, please sign signifying acceptance and return it to TFFS.

Customer's Signature: Date:

In the Presence of

Name: _____

Occupation: _____

Address: _____

Date: _____

Signature _____



DIRECT DEBIT AUTHORIZATION FORM

PERSONAL DETAILS

SURNAME FIRST NAME.....

MIDDLE NAME..... STAFF NO.....

PRESENT WORK PLACE/ADDRESS.....

TELEPHONE..... EMAIL.....

PAYMENT DETAILS

AMOUNT (GH¢) TO BE DEDUCTED

DEDUCTIONS SHALL BE DONE ON MONTHLY BASIS

STARTING FROM THEOF TO

ACCOUNT DETIALS TO BE CREDITED **(ECOBANK, RING ROAD CENTRAL BRANCH, ACCOUNT NO. 0134414199501)**

INSTRUCTION TO CUSTOMER'S BANK

NAME AND BRANCH OF BANK

BANK ACCOUNT NAME

BANK ACCOUNT NUMBER

TYPE OF ACCONT CURRENT SAVINGS OTHER

I the undersigned hereby authorize the bank to deduct my payment for the benefit of TF Financial Services (TFFS). TFFS is indemnified against any claim or liability that may arise, but not limited to, my providing the wrong bank details or any other error in my instructions in respect of which TFFS acts in implementing my direct debit authorization. I understand that the withdrawals hereby authorized will be processed through an automated clearing house (ACH) platform provided by Ghanaian banks.

Signature

Date



TERMS AND CONDITIONS OF DIRECT DEBIT

I, the Borrower (herein referred to as the Customer), hereby instruct and authorize TF Financial Services – the Lender, (herein referred to as TFFS):

- To issue and deliver a payment instruction or a series of payment instruction to my Bank for the purposes of collecting the payments that I am obliged to make to TFFS in terms of the agreement that I have concluded with TFFS, from my bank account, as indicated above.
- To issue and deliver payment instruction to my bank in addition to the number of payments as stipulated above in respect of any amount that may be in arrears, under the agreement including but not limited to any arrears interest, penalty costs and charges, that may be accrued as a result of me not having made regular payments of my obligations with TFFS by issuing new instruction.
- If an error is made by any of the parties involved, you are guaranteed a full and immediate refund to own bank account by the originator of the error.
- If repayment is not received for a maximum of two months, then this direct debit will be invoked and the monthly installment to be paid will be debited on the account.
- The amounts to be deducted are variable/fixed. TFFS will change the amount only after giving the other party prior notice.
- TFFS will notify the client in advance by at least 5 days before the date of the first debit through email, SMS any other means where the client has provided.

I understand that:

- I am obliged to make payments on the installment due date and TFFS has the right to collect the payments on the installment due date by as an indulgence in my favour, TFFS will endeavour to deliver the payment instruction to my bank on the day on which my salary is paid into my bank account, provided that such date shall be a date on or after the installment due date and that I will ensure that sufficient funds are available in my bank account at the time;
- TFFS and my bank will treat the payment instruction(s) issued by TFFS, as if I had issued the instruction(s) to my bank myself.
- I will pay any charges levied by my bank relating to these deductions;
- I may cancel this authority by giving TFFS thirty (30) days notice, in writing, sent by prepaid registered post to TFFS. By cancelling this authority, such cancellation will not cancel the Agreement and I will remain responsible for ensuring that the installment is paid to TFFS on each installment becoming due and payable, as per this authority
- I shall not be entitled to any refund of amounts, which TFFS has deducted in terms of this authority that was still in force and an outstanding balance owed by me to TFFS still existed
- Should I still have an outstanding balance owed by me to TFFS, by the stipulated end date, the direct debit order shall stay in force until the entire balance is cleared.
- I will be responsible for ensuring that the bank account nominated above does not become inaccessible for any reason and undertake to immediately of my bank y notify TFFS in the event of my salary not being paid into my bank account, as set out in this authority.
- I indemnify my bank and hold it harmless against all costs, charge, expenses, losses and damages, which I may suffer as a result of my bank acting in accordance with this authority. I further indemnify my bank against any claim by third party arising from the performance or non-performance, as the case may be, in terms of this authority.

Full name of customer:Signature of customer:.....