

UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE AND CREDIT SOCIETY

APPLICATION FORM FOR THE PURCHASE OF EQUIPMENT

NAME:	
DEPARTMENT:	
EXTENSION:	
Date of Appointment:	Date of Birth:
Home Address:	
TEL/GSM NO:	
ACADEMIC/SENIOR/JUNIOR:	
PASSBOOK NO:	STAFF NO:
SALARY PER MONTH:	NET SALARY PER MONTH
DESIRED EQUIPMENT:	
PRICE EQUIPMENT:	
MONTHLY INSTALLMENT:	
SPOUSE NAME:	
ADDRESS/ TEL NO:	
	SIGNATURE OF APPLICANT WITH SEAL
DECOMMEND A TOTAL	
RECOMMENDATIO	ON OF THE COMMITTEE
Application approved	Application not approved
Reasons/commentsfor rejection	
Committee Chairmans Sign	Committee Secretarys Sign



UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE AND CREDIT SOCIETY

LOAN BOND

<u>AGRI</u>	EEMENT made this	day of	20	Between the UNIQUE UNILAG
STAF	F COOPERATIVE M	ULTIPURPOSE S	OCIETY with its r	egistered office at the HRDC Building,
Unive	rsity of Lagos (hereinafte	r called the lender)	of the one part and _	
	of			(Hereinafter called the
Borrov	wer) of the other part. V	VHEREAS agreed t	to lend/him/her upon	having the repayment thereof together
with ir	nterest thereon secured in	the manner hereafte	er appearing.	
NOW	THIS AGREEMENT V	WITHNNETH as fo	ollows:	
1.	In pursuance of the said	Agreement and in	consideration of the	sum of N now paid by
	the UNIQUE UNILA	G STAFF COOPI	ERATIVE MULTII	PURPOSE SOCIETY to the Borrower
	(receipt whereof the box	rower hereby ackno	owledges) the borrow	er covenant with the lender as follows:
	A. The Borrower shall	repay the sum of N	.	_ from the date thereof over a period of
				ents of N The first
	installment being du	ue on the da	y of	_, 20
	B. During the continua	ance of this agreem	ent, the borrower w	ill pay by cash regularly each month or
	ensure deduction from	om his monthly sala	ries the sum of #	to be paid over to the society
	the whole outstandi	ng principal and into	erest shall become pa	yable forthwith by the Borrower.
2.	If the borrower is expel	led from membersh	ip of the society, the	whole outstanding principal and interest
	shall become payable for	orthwith by the borre	ower.	
3.	•	_		ng to the Society the amount of principal
	and interest outstanding			
4.		- ·	C	the loan before leaving the University
			ically become liable	e and shall be called upon to pay the
	outstanding amount for			
5.				n enforcing any of the terms or condition
	-	prejudice the strict	enforcement of the p	provision in regard to the recovery of the
	Loan.			
	1 st Guarantor's Signatur	R ₀	orrower's Signature	2 nd Guarantor's Signature



UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE AND CREDIT SOCIETY

GUARANTOR'S FORM 1

		Date:
The	General Secretary,	
Uniq	que Unilag Staff Cooperative Multipurpose & Credit Society	
Grou	und Floor, Room 001, HRDC Building, by 2 nd Gate,	
Univ	versity of Lagos,	
Akol	ka.	
<u>BON</u>	ND FOR REPAYMENT OF LOAN	
Havi	ing carefully read the executive provisions of Section 23(vi) a	nd (x) of our Bye-Laws which state thus:
23 (v	vi) Every borrower shall execute a bond and shall furnish thro	ee sureties who must be members of the society and
shall	l execute the guarantors forms accordingly.	
23 (2	x) A member's commitment as surety shall not, when taken	together with his own existing borrowing. Exceed
His 1	maximum credit loan.	
As a	nominated Guarantor for	of
(Stat	te Name and Designation of Borrower)	
		who is
bond	ded to the UNIQUE UNILAG STAFF COOPERATIVE M	ULTIPURPOSE & CREDIT SOCIETY, I wish to
unde	ertake as follows:	
1.	I shall be bond unto the UNIQUE UNILAG STAFF COO	PERATIVE MULTIPURPOSE & CREDIT
	SOCIETY in the sum of money value	N and
	be bond myself, heirs, executors, administrations and assi	gns.
2.	In the event of a breach of any or all the condit	ions stipulated in the Loan Agreement by the
	BORROWER, this bond shall apply in full force.	
3.	I declare my full particulars as follows:	
	(a) Full Name: Passbook (b) Membership No: Passbook	Savings Balance:
	(c) Office Address:(d) Home Address:	
	(e) GSM NO/UNILAG Ext:	
	(f) Date of First Appointment in the University:	Data of Rirth
	(g) Year of Retirement:(h) Amount of Outstanding Loan/Date Taken:	
	(i) (a) Spouse's Name:	
	(b) Address/Phone Nos:	



UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE AND CREDIT SOCIETY

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	Date:	
The	General Secretary,	
Unic	ue Unilag Staff Cooperative Multipurpose & Credit Society	
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(01-4	e Name and Designation of Borrower)	
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bonc	ed to the UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE & CREDIT SOCIET rtake as follows: I shall be bond unto the UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE & CRE	Y, I wish to
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<u>AUTHORITY FOR DEDUCTION FROM PAY, GRATUITY OR OTHER RETIREMENT</u> <u>BENEFITS IN THE EVENT OF DEATH OTHERWISE</u>

COODED ATIVE MILITIDIDDOCE	
COOPERATIVE MULTIPURPOSE	AND CREDIT SOCIETY which loan I agree to repay toget
with interest at the rate of N	for a period of months commenc
from and e	ending
	above, it is hereby certified that I, Prof/Dr/Mr/Mrs/M an employee of the University
of Lagos member of the aforesaid socie	ety hereby declare and say as follows:
That in the vent of my death/transfer	r/resignation etc from the University of Lagos before the said loa
liquidated the total outstanding balance	e in respect of the Loan should become due and payable and should
deducted by the University of Lagos	s for the Society from my last past/gratuity/retirement benefits/or
credits due to me from the University	of Lagos and credited to the loan balance or any part thereof.
In furtherance to paragraph (h) shows	it is harshy cartified that I. Prof /Dr /Mr /Mrs /Miss
	it is hereby certified that I, Prof./Dr./Mrs./Miss to UNIQUE UNILAG STA
	•
	AND CREDIT SOCIETY as scheduled below since no other source
available from which the recovery can	n be made. It is recommended that approval of the Trustee of the F
should be sought to recover the amoun	nt from my pensions. Death benefits etc.
If I die, resign or retire as the case ma	ay be from the University of Lagos before full liquidation of my
balance, the Society is hereby authori	ized, nothing in my capacity and in good faith, to fill in paragrap
balance, the Society is hereby authoriabove with my outstanding debt and senefits in the University.	hay be from the University of Lagos before full liquidation of my laized, nothing in my capacity and in good faith, to fill in paragrap submit the form to the University for settlement of the debt from
balance, the Society is hereby authorical above with my outstanding debt and a benefits in the University.	submit the form to the University for settlement of the debt from signed, sealed and delivered this certificate on this
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Date: _____