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Passport  
Photograph

# UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE AND CREDIT SOCIETY

## LOAN APPLICATION - HOME-OWNERSHIP SCHEME

(To be completed by the Application)

### SECTION A

Name: \_\_\_\_\_ Pass Book No: \_\_\_\_\_  
Department: \_\_\_\_\_ Payroll No: \_\_\_\_\_  
Amount of Loan Required: \_\_\_\_\_ (₦ \_\_\_\_\_)  
Date of Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Retirement: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
Period of Repayment: \_\_\_\_\_ Months. Loan Monthly Repayment Rate: ₦ \_\_\_\_\_  
TEL/GSM NO: \_\_\_\_\_ Purpose for which Loan is sought: \_\_\_\_\_  
Salary per month: \_\_\_\_\_ Savings: \_\_\_\_\_  
Previous Loan (if any) ₦ \_\_\_\_\_ Passbook Saving Balance \_\_\_\_\_  
Date obtained: \_\_\_\_\_ Date Liquidated: \_\_\_\_\_  
Total Monthly Deductions from Salary ₦ \_\_\_\_\_  
Spouse Name: \_\_\_\_\_  
Address/Telephone Nos: \_\_\_\_\_

❖ First Surety Prof/Dr./Mr./Mrs./Miss: \_\_\_\_\_  
Department: \_\_\_\_\_

Present Salary per Annum: ₦ \_\_\_\_\_ Pass Book No: \_\_\_\_\_

Amount of Outstanding Loans ₦ \_\_\_\_\_ Saving Balance ₦ \_\_\_\_\_

❖ Second Surety Prof/Dr./Mr./Mrs./Miss: \_\_\_\_\_  
Department: \_\_\_\_\_

Present Salary per Annum: ₦ \_\_\_\_\_ Pass Book No: \_\_\_\_\_

Amount of Outstanding Loans ₦ \_\_\_\_\_ Saving Balance ₦ \_\_\_\_\_

❖ Third Surety Prof/Dr./Mr./Mrs./Miss: \_\_\_\_\_  
Department: \_\_\_\_\_

Present Salary per Annum: ₦ \_\_\_\_\_ Pass Book No: \_\_\_\_\_

Amount of Outstanding Loans ₦ \_\_\_\_\_ Saving Balance ₦ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## SECTION B

(To be completed by the Home-Ownership Credit Committee)

The Management,  
Unique Unilag Staff CMS

At the Meeting held on \_\_\_\_\_. The Committee examined this application and was/was not satisfied about the financial position, personal habits, previous record of borrowing, purpose of loan, ability to repay fully and promptly on the part of the applicant and the financial standing character of the sureties.

The committee recommended/did not recommend the application for the approval.

\_\_\_\_\_  
**Financial Secretary**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Vice President**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**General Secretary**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Treasurer**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**President**

**Date:** \_\_\_\_\_



# UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE AND CREDIT SOCIETY

## LOAN BOND

**AGREEMENT** made this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_. Between the **UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE SOCIETY** with its registered office at the HRDC Building, University of Lagos (hereinafter called the lender) of the one part and \_\_\_\_\_ of \_\_\_\_\_ (Hereinafter called the Borrower) of the other part. WHEREAS agreed to lend/him/her upon having the repayment thereof together with interest thereon secured in the manner hereafter appearing.

### **NOW THIS AGREEMENT WITHNETH as follows:**

1. In pursuance of the said Agreement and in consideration of the sum of N\_\_\_\_\_ now paid by the **UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE SOCIETY** to the Borrower (receipt whereof the borrower hereby acknowledges) the borrower covenant with the lender as follows:
  - A. The Borrower shall repay the sum of N \_\_\_\_\_ from the date thereof over a period of \_\_\_\_\_ months in equal and consecutive monthly installments of N \_\_\_\_\_. The first installment being due on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_
2. If the borrower is expelled from membership of the society, the whole outstanding principal and interest shall become payable forthwith by the borrower.
3. The Borrower may terminate this agreement at any time by paying to the Society the amount of principal and interest outstanding on respect of the above loan.
4. Where the Borrower falls to pay the outstanding balance on the loan before leaving the University Service, the two guarantor shall automatically become liable and shall be called upon to pay the outstanding amount forthwith.
5. No Negligence, delay or indulgence on the part of the society in enforcing any of the terms or condition of this agreement shall prejudice the strict enforcement of the provision in regard to the recovery of the Loan.

\_\_\_\_\_  
1<sup>st</sup> Guarantor Signature

\_\_\_\_\_  
2<sup>nd</sup> Guarantor Signature

\_\_\_\_\_  
3<sup>rd</sup> Guarantor Signature

\_\_\_\_\_  
Borrower's Signature



## UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE AND CREDIT SOCIETY

### GUARANTOR'S FORM 1

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date:\_\_\_\_\_

The General Secretary,  
Unique Unilag Staff Cooperative Multipurpose & Credit Society  
Ground Floor, Room 001, HRDC Building, by 2<sup>nd</sup> Gate,  
University of Lagos,  
Akoka.

### BOND FOR REPAYMENT OF LOAN

Having carefully read the executive provisions of Section 23(vi) and (x) of our Bye-Laws which state thus:

23 (vi) Every borrower shall execute a bond and shall furnish three sureties who must be members of the society and shall execute the guarantors forms accordingly.

23 (x) A member's commitment as surety shall not, when taken together with his own existing borrowing. Exceed His maximum credit loan.

As a nominated Guarantor for \_\_\_\_\_ of  
(State Name and Designation of Borrower)

\_\_\_\_\_ who is  
bonded to the UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE & CREDIT SOCIETY, I wish to  
undertake as follows:

1. I shall be bond unto the UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE & CREDIT SOCIETY in the sum of money value \_\_\_\_\_N\_\_\_\_\_ and be bond myself, heirs, executors, administrations and assigns.
2. In the event of a breach of any or all the conditions 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:\_\_\_\_\_
  - (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:\_\_\_\_\_
  - (g) Year of Retirement:\_\_\_\_\_ Date of Birth: \_\_\_\_\_
  - (h) Amount of Outstanding Loan/Date Taken:\_\_\_\_\_
  - (i) (a) Spouse's Name:\_\_\_\_\_
  - (b) Address/Phone Nos:\_\_\_\_\_

\_\_\_\_\_  
**Signature of Guarantor with Seal**



## UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE AND CREDIT SOCIETY

### GUARANTOR'S FORM 2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date:\_\_\_\_\_

The General Secretary,  
Unique Unilag Staff Cooperative Multipurpose & Credit Society  
Ground Floor, Room 001, HRDC Building, by 2<sup>nd</sup> Gate,  
University of Lagos,  
Akoka.

### BOND FOR REPAYMENT OF LOAN

Having carefully read the executive provisions of Section 23(vi) and (x) of our Bye-Laws which state thus:

23 (vi) Every borrower shall execute a bond and shall furnish three sureties who must be members of the society and shall execute the guarantors forms accordingly.

23 (x) A member's commitment as surety shall not, when taken together with his own existing borrowing. Exceed His maximum credit loan.

As a nominated Guarantor for \_\_\_\_\_ of  
(State Name and Designation of Borrower)

\_\_\_\_\_ who is  
bonded to the UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE & CREDIT SOCIETY, I wish to  
undertake as follows:

4. I shall be bond unto the UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE & CREDIT SOCIETY in the sum of money value \_\_\_\_\_N\_\_\_\_\_ and be bond myself, heirs, executors, administrations and assigns.
5. In the event of a breach of any or all the conditions stipulated in the Loan Agreement by the BORROWER, this bond shall apply in full force.
6. I declare my full particulars as follows:
  - (j) Full Name:\_\_\_\_\_
  - (k) Membership No:\_\_\_\_\_ Passbook Savings Balance: \_\_\_\_\_
  - (l) Office Address: \_\_\_\_\_
  - (m) Home Address: \_\_\_\_\_
  - (n) GSM NO/UNILAG Ext:\_\_\_\_\_
  - (o) Date of First Appointment in the University:\_\_\_\_\_
  - (p) Year of Retirement:\_\_\_\_\_ Date of Birth: \_\_\_\_\_
  - (q) Amount of Outstanding Loan/Date Taken:\_\_\_\_\_
  - (r) (a) Spouse's Name:\_\_\_\_\_
  - (b) Address/Phone Nos:\_\_\_\_\_

\_\_\_\_\_  
Signature of Guarantor with Seal



## UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE AND CREDIT SOCIETY

### GUARANTOR'S FORM 3

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date:\_\_\_\_\_

The General Secretary,  
Unique Unilag Staff Cooperative Multipurpose & Credit Society  
Ground Floor, Room 001, HRDC Building, by 2<sup>nd</sup> Gate,  
University of Lagos,  
Akoka.

### BOND FOR REPAYMENT OF LOAN

Having carefully read the executive provisions of Section 23(vi) and (x) of our Bye-Laws which state thus:

23 (vi) Every borrower shall execute a bond and shall furnish three sureties who must be members of the society and shall execute the guarantors forms accordingly.

23 (x) A member's commitment as surety shall not, when taken together with his own existing borrowing. Exceed His maximum credit loan.

As a nominated Guarantor for \_\_\_\_\_ of  
(State Name and Designation of Borrower)

\_\_\_\_\_ who is  
bonded to the UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE & CREDIT SOCIETY, I wish to  
undertake as follows:

7. I shall be bond unto the UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE & CREDIT SOCIETY in the sum of money value \_\_\_\_\_N\_\_\_\_\_ and be bond myself, heirs, executors, administrations and assigns.
8. In the event of a breach of any or all the conditions stipulated in the Loan Agreement by the BORROWER, this bond shall apply in full force.
9. I declare my full particulars as follows:
  - (s) Full Name:\_\_\_\_\_
  - (t) Membership No:\_\_\_\_\_ Passbook Savings Balance: \_\_\_\_\_
  - (u) Office Address: \_\_\_\_\_
  - (v) Home Address: \_\_\_\_\_
  - (w) GSM NO/UNILAG Ext:\_\_\_\_\_
  - (x) Date of First Appointment in the University:\_\_\_\_\_
  - (y) Year of Retirement:\_\_\_\_\_ Date of Birth: \_\_\_\_\_
  - (z) Amount of Outstanding Loan/Date Taken:\_\_\_\_\_
  - (aa) (a) Spouse's Name:\_\_\_\_\_
  - (b) Address/Phone Nos:\_\_\_\_\_

\_\_\_\_\_  
Signature of Guarantor with Seal

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORITY FOR DEDUCTION FROM PAY, GRATUITY OR OTHER RETIREMENT**  
**BENEFITS IN THE EVENT OF DEATH OTHERWISE**

A. In consideration of Loan N \_\_\_\_\_ from the UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE AND CREDIT SOCIETY which loan I agree to repay together with interest at the rate of N \_\_\_\_\_ for a period of \_\_\_\_\_ months commencing from \_\_\_\_\_ and ending \_\_\_\_\_.

B. In furtherance to paragraph (a) above, it is hereby certified that I, Prof./Dr./Mr./Mrs./Miss? \_\_\_\_\_ an employee of the University of Lagos member of the aforesaid society hereby declare and say as follows:

That in the vent of my death/transfer/resignation etc from the University of Lagos before the said loan is liquidated the total outstanding balance in respect of the Loan should become due and payable and should be deducted by the University of Lagos for the Society from my last past/gratuity/retirement benefits/other credits due to me from the University of Lagos and credited to the loan balance or any part thereof.

In furtherance to paragraph (b) above, it is hereby certified that I, Prof./Dr./Mr./Mrs./Miss. \_\_\_\_\_ to UNIQUE UNILAG STAFF COOPERATIVE MULTIPURPOSE AND CREDIT SOCIETY as scheduled below since no other source is available from which the recovery can be made. It is recommended that approval of the Trustee of the Fund should be sought to recover the amount from my pensions. Death benefits etc.

If I die, resign or retire as the case may be from the University of Lagos before full liquidation of my loan balance, the Society is hereby authorized, nothing in my capacity and in good faith, to fill in paragraph C above with my outstanding debt and submit the form to the University for settlement of the debt from my benefits in the University.

I \_\_\_\_\_ signed, sealed and delivered this certificate on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ in the belief that I have read and understood the contents of the agreement.

**BORROWER**

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Rank: \_\_\_\_\_ Department: \_\_\_\_\_

\_\_\_\_\_

**SOCIETY'S OFFICERS**

President Name: \_\_\_\_\_ Secretary Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_