

G. DECLARATION (to be filled in by the applicant)

I..... do declare that the information given above about my personal details are true and correct. I also declare that I will abide by the terms and conditions of this loan and that I will honor my obligations as spelt out in this form and failure to which CareCoop will have the right to take necessary measures in order to recover the outstanding loan amount. I hereby authorise monthly principal and interest deductions to be made through DDACC or any other method prescribed by CareCoop.

Signature: _____

Date: _____

Approved Amount to be paid to member by
(Tick Appropriate)

Cheque	
Bank Transfer	

Bank Name:	_____
Account No.:	_____
Bank Code:	_____
Branch:	_____

H. REVIEWED BY CARECOOP MANAGEMENT

First Review

Name: _____

Signature: _____

Date: _____

Second Review

Name: _____

Signature: _____

Date: _____

I. APPROVAL STAGE 1

Approved for payment	Not approved
Name	Signature

General Manager: _____

Comments: _____

J. APPROVAL STAGE 2

Decision (circle):	Approved	Not Approved
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Name	Signature	Date
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____