



GHANA UNION ASSURANCE LIFE COMPANY LIMITED

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LOAN APPLICATION FORM

NAME.....	POLICY NO.....
ADDRERSS.....	PLAN.....
POLICY DATE.....	SUM ASSURED.....
	MATURITY DATE.....
LOAN AMOUNT.....	PREMIUM.....
SIGNATURE.....	DATE.....

NOTE:

Policy loan shall be considered after the first anniversary of policy. The loan amount shall not exceed the cash value at the time of application.

FOR OFFICE USE ONLY

Loan No.....	Policy No.:.....
Date (application) received.....	
Total Premium (Current).....	
Accumulation Value (Current).....	
Cash Value (Current).....	
Policy Status (does it qualify?).....	
Loan Approved.....	Interest Charged.....
Total Loan Amount.....	Pay Back Period.....
Processed By.....	Date.....
Examined By.....	Date.....
Approved By.....	Date.....