



Progressive MOBIL EMPLOYEES MULTI-PURPOSE COOPERATIVE SOCIETY, AKWA IBOM STATE.

www.procoopnigeria.com

MPN, QIT, IBENO, AKWA IBOM STATE

QUICK CASH REQUEST FORM

(Please complete section 1-4 only on this form in block letters)

1. MEMBER'S DETAILS:

NAME (Surname First)

Company.....Dept. / Location.....Employee Sharp ID

GSM number..... Tel Ext.....

ADDRESS:

2. CASH REQUEST DETAILS:

Amount Requested in Words

.....

Amount Requested in figures (=N=)..... Repayment Duration.....

Purpose for the Cash Requested.....

3. GUIDELINES:

- ✓ Maximum Amount is One Million Naira (=N= 1M) Only.
- ✓ Repayment interest is currently on Monthly interest of 3% Flat rate and reviewable.
- ✓ Maximum repayment period of 6 months with equal Monthly deduction of Principal and interest for the duration.
- ✓ Monthly payroll deduction must be within approved loan burden percentage of the Company.
- ✓ Treatment of applications shall be on "first come first served" basis and subject to availability of fund.
- ✓ Applicants are required to attach a copy of immediate past three (3) Months' Pay Slip.
- ✓ Society shall have all the rights exercisable by the Indemnifier over all the benefits including but not limited to his /her, terminal benefits, retirement benefits, ESP, Superannuation, etc. to the extent to which he/ she is indebted to the Society and the amount deductible shall be limited to the amount formally advised to the company by the Cooperative Society.
- ✓ Completed, signed and executed application is irrevocable.

4. AUTHORIZATION TO DEDUCT:

To: Manager, Payroll

I have just obtained a Cash loan of (=N=).from the Cooperative Society. I hereby authorize you to deduct the following amount (=N=) from my Salary monthly inequal installments with effect from.....**20**.....and pay same to PROGRESSIVE MOBIL EMPLOYEES MULTI-PURPOSE COOPERATIVE SOCIETY Limited, Akwa Ibom State.

In the event of my death or early retirement/discharge from the company before the loan is fully paid off, I hereby agree that the Cash loan will be the first charge on my retirement benefits / ESP / Pension, etc.

In signing below, I hereby certify and warrant that all the information given above is true and correct. I hereby authorize you to make any necessary inquiries for the purpose of evaluating this application. I also hereby agree to abide by the above guidelines.

Name of Applicant..... Signature/date.....

