Loan application form

Asante & Partners Ltd staff welfare fund · Form LW-02

FULL NAME

Kofi Agyeman

STAFF NUMBER

AP-0417

DEPARTMENT

Operations

PHONE

024 000 0417

AMOUNT REQUESTED (GHS)

6,000.00

REPAYMENT PERIOD

12 months

PURPOSE OF THE LOAN

School fees for two children, first term 2026/27.

DECLARATION

I confirm that the information on this form is correct, and I agree to monthly deductions from my salary until the loan is repaid.

Applicant's signature
K. Agyeman

Date
14/10/2026

FOR OFFICIAL USE

APPROVED BY

DATE

AMOUNT APPROVED

REFERENCE