

**NATIONAL ASSOCIATION OF GOVERNMENT GENERAL MEDICAL AND DENTAL
PRACTITIONERS AKURE CT-CS.**

Name:

Ministry

Membership (CS) No.....

Date.....

Phone No.....

Account No & Bank.....

Account Name

Through: the Secretary,

To: the President /Chairman and committee Members,

Akure NAGGMDP CT-CS

APPLICATION FOR LOAN

I hereby apply for a loan

of.....

.....(N)..... of the

following purpose.....

I also submit name of the following members as sureties and I confidentially promise to refund the loan with current interest before or on the.....unfailing failure of which I empower you to institute any steps against me to enforce the recovery of the loan.

Yours cooperatively,

.....
Applicant's signature

Name and signature of sureties

(1) Name..... (2) Name.....

Signature..... Signature.....

For society's Official use:

Applicant's account as at.....20.....

Shares	Savings	Loan balance	Month contributions	Remarks

Indicate here if you wish to have the monthly deductions increased. YES/NO