

REG NO. 3355



UGANDA AGRIDEPT COOPERATIVE
SAVINGS AND CREDIT SOCIETY LTD
P.O.BOX 102 ENTEBBE
agrideptcscs@gmail.com
0760868208/0709764710

CREDIT/ MORTGAGE LIFE APPLICATION FORM

PARTICULARS OF BORROWER

Name of borrower

Contact of Borrower

PARTICULARS OF LOAN

Amount of loan issued

Loan Tenure (Months)

Interest Rate Applicable

Date Loan Issued

DECLARATION

I declare that to the best of my knowledge and belief that I am in good health and free from disease and disability or symptoms thereof and I am not receiving any regular medical treatment and have not done so for the last 6 months (If there is any disease or disability, you are required to provide the details of the same).

I agree that if the above declaration is not true, the benefits under this scheme shall be null and void.

Date:

Borrower's Signature:

OFFICIAL USE ONLY

Signature of authorised official & stamp:

Date:.....

