

NATIONAL ASSEMBLY SERVICE COMMISSION STAFF NON-INTEREST COOPERATIVE SOCIETY (NASCS NICS)

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COMPASSIONATE LOAN FORM

NASCSNICS 06



• PERSONAL DETAILS

1. Name _____
Surname _____ Middle Name _____ First Name _____
2. Department _____
3. File Number _____ 5. Sex _____
4. Home Address _____
6. Mobile Phone No. _____ 7. Email _____

• CONTRIBUTION HISTORY

8. Monthly Contribution
i. Savings Accounts _____
ii. Investment Accounts _____
iii. Target Accounts _____
9. Total Contribution _____

• LOAN INFORMATION

i. Amount requesting _____
ii. Duration of the Loan _____
iii. Monthly Repayment _____
iv. Purpose of Compassionate loan _____

10. Member's Account Details

Account name: _____ Bank _____
Account number _____ Branch _____

• Applicant's Signature _____ Date _____

FOR OFFICIAL USE ONLY

a) Date of first contribution _____
b) Savings Account _____
c) Investment Account _____
d) Loan Balance (if any) _____
e) Processing fee _____
f) Signature _____ Date _____
g) Chairman's Approval _____
Signature _____ Date _____