

GLORY COOPERATIVE SAVINGS AND CREDIT SOCIETY LTD

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OVERDRAFT FORM

OVERDRAFT APPLICATION FORM

DATE OF APPLICATION:.....

NAME OF CUSTOMER:.....

ACCOUNT NUMBER:.....

CONTACT NO:.....

EMAIL ADRESS

ACCOUNT BALANCES TO DATE:.....

PURPOSE OF OVERDRAFT:.....

AMOUNT REQUIRED:.....

AMOUNT IN WORDS:.....

SECURITY OFFERED:.....Approximate Value.....

SOURCE OF INCOME:.....

MONTHLY INCOME:.....

DATE OF REPAYMENTS:.....

IF IN INSTALLMENTS, ARTICULATE REPAYMENT DATE:.....

SIGNATURE OF CUSTOMER:.....

FOR OFFICIAL ONLY

RECOMENDER'SREMARKS:.....

RECOMENDER'S SIGNATURE:.....

APPROVERS REMARKS

DECISION: APPROVED (.....) DECLINED (.....)

APPROVER'S SIGNATURE:.....

