

THE SINGAPORE GOVERNMENT STAFF CREDIT CO-OPERATIVE SOCIETY LTD

No. 1 Sophia Road #05-20/21 Peace Centre Singapore 228149 (UEN No. : S25CS0001L)
 Tel: 63374936 Fax: 63396772 Website: www.sgscoop.sg Email: admin@sgscoop.sg
 (APPLICATION MUST BE ACCOMPANIED BY RECENT PAYSLIP & COPY OF NRIC)

Unsecured Loan Form

Name (as in NRIC) in Block: _____ Bond No. _____

Date of Birth: _____ Date Joined Society: _____ Salary P.M.: _____ NRIC No. : S _____

Residential Address: _____ Singapore ()

Designation: _____ Tel (Res): _____ Tel (Office): _____ Tel (Hp): _____

Ministry/Department: _____ Branch / Section: _____

Bank Name: _____ A/C No.: _____ Email: _____

Loan Particulars

Amount Applied: \$ _____ Loan will be repaid in _____ months

Purpose of Loan: _____

- In consideration of this application and approval of the loan, I authorize my employer to deduct from my salary \$ _____ monthly or such other sum as the Singapore Government Staff Credit Co-Operative Society Ltd (Society) will advise my employer from time to time as repayment of the loan granted to me by the Society. The deducted amount shall include principal with interest at 6% per annum on the principal from the month the loan is granted onward till the loan is repaid.
- If for whatever reasons I am no longer employed at the place stated above or have defaulted on the payments of my loan or have left service, I undertake to immediately inform the Society and will settle all outstanding loans and interest at 6% per annum. I understand that if I default in the repayment of this loan, the Society may list my name in the DP SME Credit Bureau's record and may be assessed by financial institutions and other approving credit companies. All legal cost, incidental expenses and disbursements incurred by the Society for the claiming of the outstanding loan shall be paid by me on indemnity basis. In the event of default and/or if the Society obtains judgement against me on the outstanding sum, I agree to inform the Society of all my bank information. I have read, understood and agree to the contents of By-Law 11.18 and 11.19.
- I agree to pay the administration charges in connection with this loan as imposed by the Society. I also offer all or part of my subscription and specific deposit savings with the Society as collateral for the above loan. This loan shall run parallel with any other loan that I may have with the Society and shall have no bearing whatsoever with other loans.
- I shall inform the Society of any changes to my home address, email address and handphone number. In the event that I fail, neglect or refuse to inform the Society of any changes of the above, the Society shall use my last known home address, email address or handphone number to serve all Correspondences and/or Court Documents pursuant to any legal action or proceedings arising out of or in connection with this agreement and such service shall be deemed to be good service including but not limiting to Statutory demands and/or Bankruptcy Proceedings.
- I hereby declare that I am not a bankrupt and I have no outstanding judgment against me. I authorize the Society to make all searches in this respect and authorize the Society to deduct the costs for such searches directly from my account.
- I authorise the Society to credit the amount of loan granted to me into my above mentioned bank account. I have read, understood and agreed to the conditions imposed herein and shall also abide by all the By-laws of this Society in relation to this loan.

Signature of applicant: _____ Date: _____

Name in Block: _____ NRIC No: _____

FOR OFFICE USE ONLY

Subscription	_____ x Salary	Outstanding Loan	Eligibility	Amt. Recommended	Signature of Hon. Treasurer & Date
\$	\$	\$	\$	\$	
(A)	(B)	(C)	(A+B-C)		

ADMIN. CHARGES

Loan Amount : _____ Previous Bond No : _____
 Rate : _____ Original Repayment : _____
 Charge : _____ Period : _____
 Less *Refund (if any) : _____
 Charge Payable : _____
 Duration of Membership : _____

Less		Original Charge : _____
2 x 0.0 Prin: \$		*Refund Applicable : _____
2 x 0.0 Int : \$		Amount Refund : _____
Admin : \$		

New Loan	Old Loan	Total Loan	Express Fee : \$	Amt. Payable	Cheque No	Verified by
\$	\$	\$	Total Ded : \$	\$		

I, the undersigned, acknowledge receipt of Cheque No. _____ for \$ _____ (Applicable only for payment by Cheque)

Date : _____

Signature : _____