
UMB – SALARY ADVANCE OVERDRAFT -APPLICATION FORM

Personal Details

Full name (as per your UMB account): _____

Mr. Mrs. Ms Miss Dr. Rev. Prof.

Surname: _____

First Name: _____

Middle Name: _____

Nationality: _____

Email: _____

Date of Birth (DD/ MM/ YY): _____

Marital Status Single Married Divorced Widowed

Number of Dependents: _____

Telephone Number: _____

Postal Address: _____

Residential Address: _____

Bank Details

Account Type: Current Savings

Account No(s)/Branch: _____

No. of years with Universal Merchant Bank: _____

Existing loans with Universal Merchant Bank Yes No

How long do you want the overdraft? 30 days 60 days 90 days 180 days

Facility Amount requested (GHC): _____

Employment Details

Institution: _____

No. of years with institution: _____

Address: _____

Job title: _____

Net salary: _____

SSNIT No. _____

Name/address of previous employer (If less than 3 years with current employer)

DECLARATION

I hereby certify that the information is correct and that it provides a full and complete picture of my financial position. You are hereby authorized to obtain any confirmations you may require about the details provided from my employers and/or bankers in order to consider this application. I also confirm that details of my credit/loan status may be availed to an approved credit bureau subscribed to by Universal Merchant Bank. I understand and agree that I am personally liable to Universal merchant Bank Limited for the credit facility, interest, charges, fees and/or penalties.

Signature of applicant

Date.....

APPROVAL DETAILS (FOR BANK USE ONLY)

Branch _____

Name of Originating Officer: _____

Date: _____

Signature: _____

Recommended Amount: _____

Branch Manager: _____

Recommended Amount: _____

Signature: _____

Date: _____

PERSONAL BANKING/CREDIT DEPARTMENT

DECISION

Approved

Declined