

MICRO-CREDIT ENTERPRISE

First Name BOMANCHIURE	
Surname MENSAH	
Date of Birth 22 08 1989	
Postal Address House	Address KV 30 KOKOADO VILLAGE
NOTE: please indicate a visible landmark to your home	e address UHIVERSITY OF CAPE COAST
Years at this current address mr	n/yyyy RentOwn Mortgage
Mobile 0540922 66 0	Email
Spouse Name L	ast Name
Mobile # Email	
Date of birth dd/mm/yyyy	Age Number of children dependents
	Employment
	EmployeeUnemployed
Profession Employer	Name and address GHAHA FIRE SERVICE
	years of experience
	CAPE COASI
Self employed: business type and details	
	Income details
Monthly weekly	Daily
Previous loan obtained from MJY3 GHc	Date
Current working capital GHc	Loans from other sources GHcDate
	identification
Identification: National ID # RHA - 7189	186990-3 Passport #
	9/01/2030 Place of Issue CAPE COAST
Purpose for the load GH4 200	PERSOTIAL LOAM



MICRO-CREDIT ENTERPRISE

Loan repayments Daily GHc Weekly GHc Bi-Weekly GHc Monthly GHc Monthly GHc Collateral What assets are you using as a security for this loan? **Items** Value Location Date acquired Land House **Equipment/Tools** CONDITIONAL CLAUSE FOR PAYENT DEFAULTER I AGREE TO PAY A DAILY DEFAULT CHARGE OF 2% OF THE AMOUNT DUE AS LONG AS I REMAIN IN DEFAULT IN MY INSTALLMENT REPAYMENT AFTER MY DAILY, WEEKLY, BI-WEEKLY OR MONTHLY DUE DATE. THE PROVISION IN THIS DOCUMENT CLEARLY EXPLAINED TO ME (BOHAVEHIURE OBENG MENSAH) IN THE ENGLISH LANGUAGE, THAT I FLUENTLY SPEAK AND UNDERSTAND, AND HAVE UNDERSTOOD THE TERMS OF THIS CONTRACT. I THEREFORE APPEND MY MARK TO THE TERMS AND CONDITION AS STATED IN THEREOF.

APPLICANT SIGNATURE/THUMB PRINT...



MICRO-CREDIT ENTERPRISE

Guarantoi
I JOHN KWAME EDUABET hereby guarantee a loan of GHc 1200
Being granted to (Full name of borrower)
Whom I am related to as TRIEHD
I JOHH KWAME EDUA BEH solemnly pledge to be liable for all payments, loan
principal, interest, default charges and other collection cost, when this loan is in default. I understand that
all legal means will be enforced to collect the said amount plus all other charges.
I consent to the terms and conditions of this loan. I will also make myself available when needed for identification and verification.
Date of birth 28 02 1968 Age Gender MALC
Mobile 059+808995 Email
Postal Address M 33 M€HP€AS€M
Please indicate a visible landmark
Identification: National ID # GHA - 7206 79818 - 4. Passport # Date of issue 17 02/2020 Expiry date L6 02 203 D Place of issue ELM (MA)
Date of issue 17 02 2020 Expiry date L6 02 203 Place of issue ELM (MA)
Employment details. Employee Employer Name and address
Self employed nature of business
Self employed nature of business
Please indicate a visible landmark
Unemployed
Profession
Guarantor's income details. Monthly
Loan officer. Library KHALIA Official use only
Approval date
Approved by
Disbursed by
Loan disbursement date
Repayments start date
Signature Date

LOAN LIABILITY AGREEMENT FORM

BONANCHIURE OBERG MAISAIS solemnly agree to pay all loans interest acquired from MJY3 in full in the terms agreed to and the period solemnly agreed to.

MJY3 will use all means necessary to recover all monies owed and any other cost incurred during this loan collection period.

When loan a loan is default, our clients and their guarantors are required to cooperate with us to find a cordial way of working together during he defaulting period to make amends.

When a client is not cooperative or when a loan is in default, our office will use all means available to us that is hereby agreed to in this document to recover our monies.

CLIENT'S AND GUARANTOR'S PHOTOGRAPHS SHALL BE PUBLISHED IN PRINT AND IN SOCIAL MEDIA AND MADE PUBLIC AS A WAY OF MAKING THE DEFAULTING CLIENT TO PAY WHAT IS OWED.

DEFAULTING CLIENT AND GUARANTOR'S PROPERTY/S SHALL BE CONFISCATED FOR THE PURPOSE OF RECOVERING THE OWED AMOUNT.

INTERPRETER DECLARATION LERANTIM KHALL do hereby agree that I am serving as the interpreter for BONAVERTURE DECHG MENSAH and JOHN KWAME COURSETT
(Borrower) Clients of MJY3 concerning this loan agreement in the
Which both clients understand and speak fluently.
They, the borrower and the guarantor append their signatures and their thumbs print, making this document thereby legal.
Interpreter signatures and thumb print (Required)
Client signature and thumb print (Required)
Guarantor signature and thumb print (Required)



8 October 2024 at 17:00

BRANCH : 90101

ACCOUNT No : 60001547325-1

ACCT TITLE : GHS CURRENT ACC - INDIVIDUA

CURRENCY : GHS

FROM 01/09/24 TO 08/10/24

MR BONAVENTURE OBENG MENSAH C/O GHANA NATIONAL FIRE SERVIC

P. O. BOX 329 CAPE COAST (PEDU/ABORA)

: 1 Page

DATE	TRANSACTION DETAILS	CHEQUE NO.	DEBIT	CREDIT	BOOK BALANCE
	Balance on 31/08/2024		0.00	0.00	0.00
	Account movements				
02/09/24 02/09/24 02/09/24 17/09/24 27/09/24 27/09/24 30/09/24 30/09/24 30/09/24 30/09/24	Cash Adv Fee Domesti Balance Inquiry Fee Balance Inquiry Fee Visa Card Monthly Fe CAGD ACTIVE SEP 24 S CAGD ACTIVE SEP 24 S FIXED CHARGES ON 31/ DEBIT INTERESTS ON 3 FIXED CHARGES ON 30/ DEBIT INTERESTS ON 3 30/09 SGGH-CAPE-COAS 30/09 SGGH-CAPE-COAS	167062 677065	21.97 3.00 3.00 8.00 1.82 0.11 20.00 0.92 3,000.00 100.00	3,160.15	-21.97 -24.97 -27.97 -35.97 3,124.18 3,122.36 3,122.25 3,102.25 3,101.33 101.33 1.33
	Total movements Balance on 07/10/2024		3,158.82	3,160.15	1.33



8 October 2024 at 17:00

BRANCH

: 90101

ACCOUNT No : 60001547325-1

ACCT TITLE : GHS CURRENT ACC - INDIVIDUA

CURRENCY : GHS

FROM 01/09/24 TO 08/10/24

MR BONAVENTURE OBENG MENSAH C/O GHANA NATIONAL FIRE SERVIC

P. O. BOX 329

CAPE COAST (PEDU/ABORA)

Page

: 2

DATE

TRANSACTION DETAILS

CHEQUE NO.

DEBIT

CREDIT

BOOK BALANCE Events of the day 08/10/2024 yet to be posted No event for this account -----Indicative balance on 08/10/2024 1.33 Cheque deposited for the period No cheque deposited 0.00

We will debit your account No. 60001547325-1 of GHS Value date on 08/10/2024 End of Statement Thank You SOCIETE GENERALE GHANA

15.00

//ain	0.00 Accra Main	TO THE RESERVE OF THE PROPERTY	6,803.50 PAGE	MONTHLY GROSS PAY
Societe Generale Ghana Ltd,	0.00 Societe (12,464.51	64,311.74 YTD INCOME TAX	YTD GROSS PAY
PAYMENT MODE	PAYMEN	ORKER) 0.00 EMPLOYER S.S.F.	54,428.00 YTD SSF (WORKER)	ANNUAL SALARY
-	TOTALS			
2	5,190.98	oans Co Ltd Ded	Pan African Savings and Loans Co Ltd Ded	30-Sep-24
! ! ! ! ! !	20,287.08	TIER 2 CONTRIBUTION 0 AND YTD CONTRIBUTION 0 ***	** TIER 2 CONTRIBUTION O	*
	-12,886.08 -			30-Sep-24
	31,277.42	pans Ltd Ded N. 13	Best Point Savings And Loans Ltd Ded	30-Sep-24
	7,257.54	Noor Charles	Bayport Ghana Deduction	30-Sep-24
sword to Thi	mployee details including password to Third Parties **	rom disclosing your e	CAGD is not liable far, are financial loss sesulting f	*
	14.390.98		Baypod Einancial Services Ded.	30-Sep-24
		Ded	Firemen Insurance Policy Ded	30-Sep-24
	ă .		S I C Policy Ded	30-Sep-24
		ey Deal	Gemini Life Insurance Police	30-Sep-24
			G N F S Central Reg Dues	30-Sep-24
			Income Tax	30-Sep-24
			SS Security Kits Allowance	30-Sep-24
			SS Operational Allowance	30-Sep-24
	20 E		SS Detective Allowance	30-Sep-24
		7	Single Spine Monthly Salary	30-Sep-24
	9			
RATE(%) BALANCE	1. 0	HRS/ORIGINAL AMOUNT	TEM CODE DESCRIPTION	MONTH/YEAR NATURE ITEM CODE
		SCALE TYPE SS	SS.SH17 POINT 1	DEPARTMENT LEVEL
onal Fire Serv	0313 Ghana National Fire Service, Cape	UNIT	Station Officer II (OPS)	ACCOUNTANT GRADE
ire Service	Ghana National Fire	S.S.F. No DEPT.	FID 1291943 XXXXXXXXX	CONTROLLER AND STAFF ID
	Min Of Interior	Mensah AGENCY	Mr. Bonaventure Obeng Mensah	NAME
opolitan Asse	Cape Coast Metropolitan Assembly	TO 30-SEP-24 DISTRICT	D FROM 01-SEP-24	PERIOD
8			OFF I FINIDEIN 6064	

MONTHLY GROSS PAY	YTD GROSS PAY	ANNUAL SALARY			31-Aug-24	31-Aug-24-	31-Aug-24	31-Aug-24	31-Aug-24	31-Aug-24	31-Aug-24	31-Aug-24	31-Aug-24	31-Aug-24	31-Aug-24	31-Aug-24	31-Aug-24	31-Aug-24	31-Aug-24		MONTH/YEAR NA	DEPARTMENT	GENERAL'S	ACCOUNTANT	CONTROLLER AND				
AY					: *** TIEI	<u> </u>			** CAGD is not										5	27 	NATURE ITEM CODE	LEVEL		GRADE	STAFF ID	NAME	PERIOD	DATE	
	57,508.24 YTD INCOME TAX 1,165-13				TIER 2 CONTRIBUTION O AND YTE CONTRIBUTION OF	Dekex Swift-Lear-Ded	Izwe Savings and Loans Ltd Ded	Best Point Savings And Loans Ltd Ded	sulting from d	Baynort Einancial Services Ded	Firemen Insurance Policy Ded	S I C Policy Ded	Gemini Life Insurance Policy Ded	G N F S Central Reg Dues	Income Tax	SS Security Kits Allowance	SS Operational Allowance	SS Detective Allowance	Single Spine Monthly Salary		ODE DESCRIPTION		SCALE TYPE SS	.Station Officer II (OPS)	1291943 XXXXXXXXXX S.S.F. No	Mr. Bonaventure Obeng Mensah	FROM 01-AUG-24 10 31-AUG-24		
7 10	MONIHLY		EMPLOYER S.S.F.				a de la companya de l		pur employee de		÷								V u			HRS/ORIGINAL AMOUNT		UNIT	DEP I.		ACENOY.	DISTRICT	DECION
		n nn Societe Generale Ghana Ltd	PAYMENT MODE	TOTALS	5,479.37		12,264.00	31,867.50	isclosing your employee details including assessment to initial and a second		14 602 61											RATE(%) BALANCE		0313 Ghana Naliotial File Service, Capc	Glialia Ivational Inc Convoc	Okana National Eire Service	Min Of Interior	Cane Coast Metropolitan Assembly	Central
9		Ltd,	NET S/	6,803.50		288 30		168.00	590 14	*	211.63	75.00	60.00	25.00	50.00	1,299.38	453.57	907.13	907.13	4,535.67		PAYMENTS DEDUC		0	Cana COST CEN			bly	