



**GLICO LIFE INSURANCE CO. LTD, P.O. BOX 4251, ACCRA  
TEL: 0302-246140/0302 670 335**

**APPLICATION FOR POLICY LOAN**

APP NO:.....

Name: ..... Policy No:.....  
Address:..... Contact No:.....  
..... Staff No:.....  
Plan:..... Commencement Date:.....  
Sum Assured:..... Premium:.....  
Loan Required:.....  
Bank:.....  
Sort/Branch Code:.....  
Account Name:.....  
Branch Name:.....

Signature:..... Date.....

(LOAN AMOUNT SHALL NOT EXCEED POLICY LOAN VALUE)

**NOTE TO THE POLICY HOLDER**

POLICY SHALL BE CONSIDERD FOR LOAN ONLY AFTER IT HAS ATTAINED A LOAN VALUE

APPLICATION FOR LOAN MUST BE SUBMITTED WITH POLICY DOCUMENT(S) OF APPLICATION AND A COPY OF CURRENT PAY SLIP WITH REPAYMENT AUTHORIZATION

APPLICATION FOR LOAN SHALL BE CONSIDERED ONLY IF THERE IS NO OUTSTANDING LOAN OR PREMIUM ON THE POLICY/IES

LOAN AMOUNT PLUS INTEREST SHALL BE RECOVERED OVER 6 MONTHS.

**FOR OFFICE USE ONLY**

Date Received:..... Loan Approved:.....  
Policy No:..... Interest:.....  
Policy Status/Paid to Date..... Total Loan:.....  
Processed by:..... Recommended by:.....  
Approved by:..... Pay back period:.....  
Date:..... Date application to return.....

**POS/4/03**