



LOAN APPLICATION FORM

PERSONAL DETAILS

Title (Tick one): Mr Mrs Miss Dr Chief

First Name: _____

Middle Name: _____

Surname: _____

Bank Verification Number (BVN): _____

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

Gender (Tick one): Male _____ Female _____

Means of Identification (Tick one): International Passport _____ Voter's Card _____ National ID _____
Others (Specify) _____

Document Expiry Date: (DD/MM/YYYY): _____

Mobile Number 1: _____

Mobile Number 2: _____

Email Address: _____

Home Address:

Landmark/Nearest Bustop: _____

LGA (of Residence): _____

State: _____

Time at current residence (Years/Months): _____

Residential Status (Tick one): Tenant _____ Owner _____ With Relatives _____ With Parents _____

Marital Status (Tick one): Single _____ Married _____ Separated _____ Widowed _____ Divorced _____

Number of Children: _____

Number of Dependents: _____

Please note that application fees are non-refundable.

EMPLOYMENT / BUSINESS STATUS

Employment Status (Tick one): Full time ___ Part Time ___ Retired ___ Student ___ Temporary Contract ___ Unemployed ___ House Wife ___ Outsourced ___ Public ___ Private ___

Current Employer/ Nature of Business: _____

Current Employer Address/Business Address:

Landmark: _____

LGA (of Office): _____

State: _____

Employee or RC Number: _____

Employee Work Email: _____

Staff ID Number: _____

Pension Number: _____

Tax Identification Number (TIN): _____

Position/Job Title at Workplace: _____

Date Employed/No of years in Business: (DD/MM/YYYY): _____

IF PRESENT EMPLOYMENT IS LESS THAN A YEAR

Previous Employer: _____

Previous Employer's Address:

Number of Months in previous Employment: _____

How many jobs have you had in the past 5 years: _____

Current Net Monthly Income: _____

Current Pay Date: (DD/MM/YYYY): _____

INDUSTRY (TICK ONE)

Agriculture ___ Military ___ Banking ___ Finance ___ Power ___ Construction/Engineering ___

Real Estate ___ Manufacturing ___ Oil & Gas ___ Retail/Sales ___ Telcoms ___

Media/Entertainment ___ Other Financial Institution ___ Health/Edu/Govt ___

Services (Specify) ___

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EDUCATIONAL STATUS

Tick one: Primary ____ Secondary ____ Graduate ____ Post Graduate ____

Purpose of Loan: _____

Do you have any existing loan (Tick one): Yes ____ No ____

If yes, please specify: _____

NEXT OF KIN

First Name: _____

Surname: _____

Home Address:

Mobile Number: _____

LOAN DETAILS

Loan Amount Requested: _____

Loan Tenor (Months): _____

Affordable Monthly Repayment: _____

DISBURSEMENT DETAILS

If your application is successful, which bank account would you like credited?

10 Digit Account Number: _____

Account Name: _____

Bank Name: _____

Branch: _____ Sort Code: _____

I hereby confirm my application for the above facility and certify that all information provided by me above and attached thereto is correct and complete. I authorize you to make any enquiry you consider necessary and appropriate for the purpose of evaluating this application.

Applicant's Signature: _____ Date (DD/MM/YYYY): _____

APPLICATION FORM FEE: INDIVIDUAL – N5000 CORPORATE – N10,000

Please note that application fees are non-refundable.