

APPLICATION FORM (CORPORATE)**COMPANY DETAILS**

Company Name_____

Business Address_____

Date of Incorporation_____ Incorporation No_____

Place of Incorporation_____ Tax Identification Number (TIN)_____

Email_____ Telephone No_____

Nature of Business_____ Annual Income_____

Company Type: Private Ltd Liability ☐ PLC ☐ Partnership ☐ Sole Proprietor ☐ Non-Profit Organisation ☐**DETAILS OF CONTACT PERSON**

Name_____ Designation_____

Telephone No_____ E-mail_____

Address_____ Expiry Date of ID_____

Means of Identification Provided_____ No on ID_____

DIRECTORS/MANAGEMENT STAFF

Details of Company Directors

	Full Name	Nationality	Position

Details of Management Staff

	Full Name	Nationality	Designation

CREDIT FACILITY REQUEST
 Type of Facility _____ Amount _____ Tenure _____
 Purpose _____

Proposed Mode of Repayment: ☐ Monthly ☐ Quarterly ☐ Others ☐ Due Date: _____
 DD/MM/YYYY

Asset Category

Asset Type	Make	Model	Invoice Value	Advance Payment	Net Amount

BANK ACCOUNT DETAILS

Name of Bank _____ Account Name _____
 Account No _____ BVN _____ Bank Branch _____
 Account Creation Date _____

EXISTING CREDIT OBLIGATIONS

Items	Facility 1	Facility 2	Facility 3
Name of Lender			
Type of Facility			
Collateral			
Outstanding Balance			
Repayment Amount			
Frequency			

COLLATERAL

Security Type_____ Value_____ Location_____

Security Type_____ Value_____ Location_____

DECLARATION

We certify that all the information provided by us is true, correct and complete. We authorise you to make any enquiry you consider necessary and appropriate for purposes of evaluating this application.

We agree that the facility shall be subject to the terms and conditions contained in the Offer letter/Agreement to be executed by us.

Authorised Signatories:_____
Name SignatureDate: _____
DD/MM/YYYY_____
Name SignatureDate: _____
DD/MM/YYYYRelationship Manager:_____
Name SignatureDate: _____
DD/MM/YYYY