

APPLICATION FORM (INDIVIDUAL)**PERSONAL INFORMATION**

Title _____ Name(Surname First) _____

Date of Birth: _____ DD/MM/YYYY Place of Birth _____ Gender: Male Female ☐Nationality _____ State of Origin _____ Marital Status: Married ☐ Single ☐ Others ☐

Residential Address _____

Land Mark(if any) _____ Telephone No _____

Email _____ Mother's Maiden Name _____

Is Residence: Owned ☐ Rented ☐ Years at Current Residence _____ No of Dependants _____ No of Cars _____

Means of Identification Provided _____ No on ID _____

Name of Spouse (Surname First) _____ Telephone No _____

Spouse Place of Employment _____

Spouse Employer Address _____

Next of Kin _____ Relationship _____

Next of Kin's Address _____ Telephone No _____

PROFESSIONAL INFORMATIONEducational Qualification: First degree ☐ School Cert ☐ Diploma/NCE ☐ Other Qualifications (specify) _____Type of Employment: Paid Employment ☐ Self Employment ☐ Retired ☐

Name of Current Employer _____

Address of Current Employer _____

Office Telephone No _____ Office Email _____

Employment Status: Permanent ☐ Contract ☐ Job Designation _____

Years in Service _____ Age of Business(If Self- Employed) _____ Type of Business _____

Net Annual Salary/Income (N) _____ Other Sources of Income _____

Tax Identification Number (TIN) _____

CREDIT FACILITY REQUEST

Type of Facility_____ Amount_____ Tenure_____

Purpose_____

Proposed Mode of Repayment: Monthly ☐ Quarterly Others ☐ Due Date: _____

Asset Category _____ DD/MM/YYYY

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_____

DECLARATION

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

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

Applicant's Signature and Date**Relationship Manager' Name, Signature and Date**

