

LOAN APPLICATION FORM

CONFIDENTIAL

COMPANY INFORMATION DETAILS

Company Name																																								
Registered Address																																								
Landmark (if any)																																								
Office Address																																								
City											State											Tel																		
Landmark (if any)																E-mail																								
Company RC																If No, state length of time at rented office																								
Company Website																																								
Ownership of business premises?						Yes						No						Length of time in Business (in months)						SMS Alert?						Yes						No				
Nature of Business																Business Type																								
Sector																Sub-sector																								
Constitution																Tax Identification Number																								
Paid up capital																Date of Incorporation/Registration	D		D		M		M		Y		Y		Y		Y									
Shareholder's funds																Subsidiaries/Affiliates																								
Annual Turnover																																								
Contact Name (Surname/First & Other names)																																								
Telephone Number																																								
Address:																																								

STAKEHOLDERS/SHAREHOLDERS/DIRECTOR

1	Name	(Surname/First & Other names)																														Title																	
Date of Birth	D		D		M		M		Y		Y		Y		Y		Telephone Number																																
Marital Status:						Married						Single						Widowed						Divorced						Gender:						Male						Female							
Email Address:																																																	
% Ownership						% Shareholding						Tax Identification Number																																					
PEP						Yes						No						Designation																Bank Verification Number(BVN):															
Educational Qualifications:						First degree						HND						School Cert.						Diploma/NCE						Doctorate						Professional Qualification													
Identification Type:						International Passport						Driver's License						National ID Card						Employer's ID						E-Tax						Others													
ID Number																Issuance Date	D		D		M		M		Y		Y		Y		Y		Expiry Date	D		D		M		M		Y		Y		Y		Y	
Address:																																																	
Closest Landmark to the Address																																																	
Year At Current Address						Ownership of Residence						Yes						No						Year At City						Joined Since						Y						Y							

2

Name

Registered Number

Nature of Business

Bank Name

Account Number

Tax Identification Number

Email Address

Telephone Number

CREDIT FACILITY REQUEST

First Time Request? ☐ Yes ☐ No

Loan Type

☐ Operational Vehicle☐ Office Equipment☐ Term Loan☐ Overdraft☐ FirstEdu☐ Contract Finance☐ LPO☐ Tandotrader☐ B&G☐ IDF☐ IFF☐ Cash-Backed

Others(please specify)

Loan Amount

Principal Company
(for LPOs & Receivables only)

Supplier

Applicable to Auto & Asset
Finance Facilities

Loan purpose

Asset Description	Make	Model	Cost	Equity Contribution	Net Amount

Note that Equity contribution is a minimum of 20% of the asset cost and purchases can only be made from a list of approved vendors.

Total

Proposed tenure in months

12 24 36 Others

Installment Plan:

☐ Bullet☐ Equated Installment☐ Equated Principal

Due Date

D	D	M	M	Y	Y	Y	Y

Repayment Frequency

☐ Monthly☐ Quarterly☐ Half Yearly☐ Annually

Disbursal Type

☐ Single☐ Multiple

BANK ACCOUNT INFORMATION

PLEASE NOTE THAT LATE REPAYMENT/BOUNCED CHEQUES WILL ATTRACT PENALTY

Tando ID:

Bank Verification Number(BVN):

Account Relationship with bank

Please note that customers are required to maintain or open a current account with Bank

Bank	Account Type	Account Number	Account Age

Account Relationship with other Banks

Bank	Bank	Account Type	Account Number	Account Age

Existing Bank Borrowings

Name of Lender	Type of Loan	Balance Outstanding	Repayment amount	Frequency

COLLATERALS

☐ Asset Finance

☐ Cash

☐ Domiciliation

☐ Property

☐ Guarantee

Description of Collateral

I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME/US ABOVE IS TRUE, CORRECT AND COMPLETE. I AUTHORISE YOU TO MAKE ANY ENQUIRY YOU CONSIDER NECESSARY AND APPROPRIATE FOR THE PURPOSE OF EVALUATING THIS APPLICATION

Account Signatory:

Account Signatory:

PLEASE NOTE THAT THE BANK WILL CHARGE ADMINISTRATION FEES FOR PROCESSING THIS APPLICATION

Date

D

D

M

M

Y

Y

Y

Y

FOR OFFICIAL USE

PLEASE CHECK THAT EVERY QUESTION HAS BEEN ANSWERED, FORM HAS BEEN SIGNED AND THAT CUSTOMER'S INFORMATION ON ALL FIELDS ASTERISKED HAVE BEEN UPDATED ON FINACLE ACCORDINGLY

Received by:
Relationship Manager

Signature

Date

D

D

M

M

Y

Y

Y

Y

Business Manager

Signature