



LOAN APPLICATION FORM

Please	tick as approp	oriate	Term loan	oxdot °	verdraft			
TITLE:								
ACCOUNT NAME:								
ACCOUNT NUMBER:								
BVN:								
PHONE:NO:								
E-MAIL ADDRESS:								
NATURE OF BUSINESS:								
AMOUNT OF LOAN REQUESTED:								
PURPOSE:								
TENO	₹:							
SECURITY/COMFORT								
OTHER SOURCE OF INCOME:								
PLEAS	E STATE ANY IN	NDEBTNESS '	TO OTHER BA	NKS:				
LOAN REPAYMENT UNDERTAKING								
I/Weof								
agree to pay back the principal and interest on the loan granted to me fordays as follows:								
Amount (₦)								
Daily		WEEKLY		MONTHLY		EXPIRATION		
Failure to repay the loan within the time frame, the Bank reserves the right to execute the hypothecation letter signed by me.								
FEES UN	DERTAKING							
I/Weofhave agree to pay 2% Consultancy fee for business advisory.								
INSURANCE FEE: 5% for vehicle, 1% for FIRE, 1% for BURGLARY, 1.5 % for life policy								
VALUATION FEE: 25,000 to 40,000 for non-movable Assets & 15,000.00 for moveable Assets								
Application fee 1%, Credit bureau search fee: 2000 to 5000 for individual and corporate search								
Kindly Note all fee charged is non refundable Signature: Date:								
Signati	ıre:			Date:				

KYCB FORM – INDIVIDUAL CUSTOMER PROFILE

Title:	Mı	r.	Mrs.	Miss	;	Oth	ners		
Account N	Name:								
Account		<u> </u>	<u> </u>				ı		
Gender:	Ma	ale	Female						
Tenant	Ov	vner (
Residenti	al Addres	ss:							
Business	Address:								
Employm	ent/Occ	upation	al Details:						
Daily Turr	nover								
Weekly tu	ırnover_								
Monthly ¹	Turnover								
How long	have you	u been i	n your presen	t business:?					
Marital St	atus: Sin	gle	Married						
Nationali	ty:			_ State	e Of Oı	rigin:			
National ID card Nos: Driver's License No:									
International Passport Nos: PENCOM Pin:									
Other ID:									
NEXT OF I	<u>KIN</u>								
Surname:			First Na	me:			Other N	ames:	
Residenti	al Addres	ss:							
Gender:	Ma	ale	Female						
Telephon	e:				Mol	oile:			
Email:				R	elation	nship:			

ACCOUNT OFFICER/RECOVERY OFFICER OF THE BANK ONLY

CUSTOMER'S ADDRESS VERIFICATION & VISITATION FORM

CUSTOMER NAME:					
ALSO KNOWN AS (AKA):					
SPOUSE'S NAME:					
ALSO KNOWN AS (AKA):					
LOCAL GOVT AREA:					
LOCATION:					
BLOCK / FLAT No.:					
CLOSEST BUS-STOP:					
BUILDING COLOUR:					
MAJOR LANDMARK:					
All information given and filled on this application forms are true					
Name:	Sign:				
Office Use:					
Account Officer's Signature and date					
Head of Recovery signature and date					