FirstBank
Established 1894

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Consumer Auto Loan Request Form

Personal Information (please tick as appropriate)

Name of Applicant _____
Surname First name Other name Title

Previous Name _____ Mother's Maiden Name _____

Residential Address: _____

Land Mark (if any): _____

Permanent Home Address: _____

Nationality: _____ Postal Code _____

Land Mark (if any): _____

Ownership of residence: Yes/No ☐ If No, state length of time at rented apartment ☐

Years at current Address ☐ Years at City ☐ No of cars owned ☐ No of Dependants ☐

International Passport No ☐ Expiry Date ☐ Driver's license No. ☐

Expiry Date ☐ Tax Identification No ☐ Expiry Date ☐

Date of Birth: ☐☐ ☐☐ ☐☐☐☐ (Day Month Year) Home Phone: _____ Mobile: ☐☐☐☐☐☐☐☐☐☐☐

Place of Birth _____ E-mail Address: _____

Marital Status: Married ☐ Single ☐ Widowed ☐ Divorced ☐

Gender: Male ☐ Female ☐ No of Dependants: ☐

Next of Kin: _____ Relationship: _____

Address: _____ Phone No.: _____

Name of Spouse _____
Surname First name Other name Title

Spouse's place of Employment _____ Spouse's length of Employment: ☐

Spouse's Employers Address _____ Annual Income Spouse ☐

Professional Information

Educational Qualification: First Degree ☐ Higher Degree ☐ Professional Qualifications ☐

School Cert. ☐ Diploma/NCE ☐ Other Qualifications ☐

Type of Employment: Un-Employed ☐ Paid-Employment ☐

Self-Employment ☐ Age of Business (if self employed) _____

Date of Business Reg/Incorporation _____ RC No. _____

Name and Address of previous Employer (if Applicable): _____

Length of Service with previous Employer (if Applicable): _____ Business Telephone.: _____

Name of Current Employer: _____ Business Telephone.: _____

Business Address: _____

Land Mark (if any): _____

Employment Status: Full-Employment ☐ Contract ☐ (If on Contract) state expiry/renewal date _____

Employment Classification: Jnr. Staff ☐ Snr. Staff ☐ Jnr. Mgt ☐ Snr. Mgt. ☐ Exec. Mgt. ☐ Others ☐

Length of Service: _____ Job Designation: _____ Annual Income.: _____

Total Income Breakdown: Annual Income (Net) _____ Quarterly Income (Net) _____

First time request? (Please tick here) ☐ Monthly Income (Net) _____

Please note that incorrect information will render this application invalid

Credit Facility

Product Category: Automobile

Product: New ☐ Fairly Used ☐

Make _____

Model: _____

Supplier: _____

Proposed Tenor in months	
12:	
24:	
36:	
48:	
60:	
Total	

Note that Equity contribution of 30% of the asset cost and purchases can only be made from a list of approved vendors
Please note that 48 months is applicable to new autos while 60 months is for special schemes only

Auto Description	Make	Model	Cost	Equity Contribution	Net Amount
Total					

Note that Equity contribution is a minimum of 30% of the asset cost and purchases can only be made from a list of approved vendors

Bank Account Information

Account Relationship with FirstBank

Branch	Account Type	Account Number	Account Age

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

Account Relationship with other Banks

Bank	Branch	Account Type	Account Number	Account Age

Existing Bank Borrowings

Name of Lender	Type of Loan	Balance Outstanding	Average Repayment per Instalment	Frequency

Is Applicant's income paid through a bank? Yes/No ☐ If yes, state age of the account ☐

Other Borrowings

(Employers, Cooperatives etc)

Name of Lender	Type of Loan	Balance Outstanding	Average Repayment per Instalment	Frequency

Consumer Loan Repayment Proposal

Proposed means of repayment: Employer Cheque by Billing the Employer _____
Employer Debit by deduction from Salary _____
Standing Order to debit FirstBank account _____
Personal Cheque drawn on other banks _____

Instrument _____ Frequency: Monthly/Quarterly ☐

Collateral

Employer Guarantee? Yes ☐ No ☐

Employer Commitment? Yes ☐ No ☐

Other Security Arrangements

Description	Value

I certify that all the information provided by me above is true, correct and complete.
I authorise you make any necessary and appropriate for the purpose of evaluating this application

Please note that the bank will charge administrative fees for processing this application

Applicant's Signature _____ Date ☐☐ ☐☐ ☐☐☐☐
Day Month Year

(For Office Use)

Please check that every question has been answered and the form has been signed

Request received by: _____ Signature: _____ Date ☐☐ ☐☐ ☐☐☐☐
(Marketing and Account Management Officer) Day Month Year