



PERSONAL INFORMATION DETAILS

Name (Surname/First & Other names) Title

Date of Birth: Telephone Number

Marital Status: Married ☐ Single ☐ Widowed ☐ Divorced ☐ Mother's maiden name:

Gender: Male ☐ Female ☐ E-mail address:

Residential Address:

Landmark (if any):

Permanent Home Address:

Landmark (if any):

Ownership of Residence: Yes ☐ No ☐ If NO, state length of time at rented home:

Years at Current Address: Years at Current City:

International Passport Number: Driver's License Number:

No. of Dependants: No. of Cars owned:

Name of Next of Kin: Relationship:

Address:

Phone No:

Name of Spouse (Surname/First & Other names) Title:

Spouse place of Employment: Spouse length of employment:

Spouse Employer Address: Annual income of Spouse:

RELATED PARTY INFORMATION

Related Party [any relationship with Bank's Top Management Officers (AGM & above) or its Directors] ☐ Yes ☐ No

If yes, please provide details: Name of Related Party

Relationship Details (tick as appropriate) ☐ Father ☐ Mother ☐ Wife ☐ Husband ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Nephew ☐ Niece

☐ Son/Daughter's Spouse ☐ Brother/Sister's Spouse ☐ Others (please specify)

PROFESSIONAL INFORMATION DETAILS

Educational Qualifications: First degree ☐ HND ☐ School Cert. ☐ Diploma/NCE ☐ Other Qualifications

Type of Employment: Paid Employment: ☐ Self Employment: ☐ Age of Business (if self employed)

Name of Previous Employer: Phone No:

Address of Previous Employer:

Name of Current Employer:

Land Mark (if any):

Employment Status: Full Employment: ☐ Contract: ☐ Expiry date of Contract (if any):

Employment Classification: Junior Staff: ☐ Senior Staff: ☐ Junior Management: ☐

Senior Management: ☐ Executive Management: ☐ Others:

Length of Service: Destination:

Income details: Net Annual Income: Monthly income: Quaterly income:

Confirmation Status? Yes ☐ No ☐ First Time Request? Yes ☐ No ☐

Does your employer pay gratuity/final entitlement? Yes ☐ No ☐

CREDIT FACILITY REQUEST

Loan Type: Personal Loan ☐ Mortgage ☐ Auto Loan ☐ Household Equipment ☐ others

Loan Amount:

Proposed Tenure in Months: 12 Months ☐ 24 Months ☐ 36 Months ☐ Others

Applicable to Personal Home Loan ☐ Outright Purchase: ☐ Home Construction: ☐ Equity Refinance: ☐

Loan Purpose

Asset Category

Asset Description	Make	Model	Cost	Equity Contribution	Net Amount

NOTE THAT EQUITY CONTRIBUTION IS A MINIMUM OF 20% OF THE ASSETS COST AND PURCHASES CAN ONLY BE MADE FROM A LIST OF APPROVED VENDORS

Proposed mode of re-payment: Monthly ☐ Quarterly ☐ Others

Proposed Repayment Date:

PLEASE NOTE THAT LATE REPAYMENT/BOUNCED CHEQUES WILL ATTRACT PENALTIES

BANK ACCOUNT INFORMATION

Account Relationship with FirstBank

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

Branch	Account Type	Account Number	Account Age

Account Relationship with other Banks

Bank	Branch	Account Type	Account Number	Account Age

OTHER BORROWINGS

Existing Bank Borrowings

Name of Lender	Type of Loan	Balance Outstanding	Average repayment per Installment	Repayment frequency

Mode of re-payment: Monthly ☐ Quarterly ☐ Others

Proposed Repayment Date:

COLLATERALS

Legal Mortgage? Yes ☐ No ☐ Stocks? Yes ☐ No ☐

Cash Covered? Yes ☐ No ☐ Payment domiciliation Yes ☐ No ☐

Other security arrangements

- I / WE CONFIRM THAT THE INFORMATION PROVIDED BY ME/ US IS TRUE, CORRECT AND COMPLETE
- I / WE HEREBY AGREE THAT THE INFORMATION I/WE HAVE PROVIDED ABOVE WILL BE USED BY THE BANK TO UPDATE MY BANKING RECORDS FROM TIME TO TIME
- I / WE AGREE TO INFORM THE BANK FROM TIME TO TIME, IF THE INFORMATION PROVIDED ABOVE CHANGES

I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME 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

Authorised Signatories:

Date:

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

FOR OFFICIAL USE

PLEASE CHECK THAT EVERY QUESTION HAS BEEN ANSWERED AND THE FORM HAS BEEN SIGNED ALSO. NOTE THAT PAGE 4 OF FORM 3800M IS TO BE PREPARED AND ATTACHED FOR ALL RETAIL PRODUCTS

Received by: RELATIONSHIP MANAGER	Signature
BM	Signature

Date:

Date: