

CREDIT FACILITY REQUEST

Loan Type: Personal Loan Mortgage Auto Loan Household Equipment others

Loan Purpose

Loan Amount:

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

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

Asset Category

Asset Description	Make	Model	Cost	Equity Contribution	Net Amount
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

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:

D	D
<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Relationship with other Banks

Bank	Branch	Account Type	Account Number	Account Age
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

OTHER BORROWINGS

Existing Bank Borrowings

Name of Lender	Type of Loan	Balance Outstanding	Average repayment per Installment	Repayment frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mode of re-payment: Monthly Quarterly Others Proposed Repayment Date:

D	D
<input type="text"/>	<input type="text"/>

COLLATERALS

Legal Mortgage? Yes No Stocks? Yes No
Cash Covered? Yes No Payment domiciliation Yes No

Other security arrangements

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- 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:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>							

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:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>							

Date:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>							