

## 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

Shareholder's funds  Subsidiaries/Affiliates

Annual Turnover

Contact Name  Title   
(Surname/First & Other names)

Telephone Number

Address:

### 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)

### STAKEHOLDERS/SHAREHOLDERS/DIRECTOR

**1** Name  Title   
(Surname/First & Other names)

Date of Birth  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  Expiry Date

Address:

Closest Landmark to the Address

Year At Current Address  Ownership of Residence  Yes  No Year At City  Joined Since

**2** Name (Surname/First & Other names)  Title

Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 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
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 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	Y	Y
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**3** Name (Surname/First & Other names)  Title

Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 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
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Address:

Closest Landmark to the Address

Year At Current Address  Ownership of Residence  Yes  No Year At City  Joined Since 

Y	Y	Y	Y
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## CLIENTS/SUPPLIERS

**1** Name

Registered Number

Nature of Business

Bank Name

Account Number  Tax Identification Number

Email Address

Telephone Number

**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  
 FirstTraders  B&G  IDF  IFF  Cash-Backed

Others(please specify)  Loan purpose

Loan Amount

Principal Company (for LPOs & Receivables only)

Supplier   
Applicable to Auto & Asset Finance Facilities

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

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   
 Monthly  Quarterly  Half Yearly  Annually

Disbursal Type  Single  Multiple

**BANK ACCOUNT INFORMATION**

PLEASE NOTE THAT LATE REPAYMENT/BOUNCED CHEQUES WILL ATTRACT PENALTY

CIF ID:  Bank Verification Number(BVN):

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

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

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

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

Account Signatory:

Account Signatory:

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  
StaffNo:

Signature

Date 

D	D

M	M

Y	Y	Y	Y

Business Manager  
StaffNo:

Signature