

LOAN APPLICATION FORM

CONFIDENTIAL

COMPANY INFORMATION DETAILS	
Company Name	
Registered Address	
Landmark (if any)	
Office Address	
City State State	Tel
Landmark (if any)	E-mail E-mail
Company RC	No, state length of time at rented office
Company Website	
Ownership of business premises? Yes No Lei	ngth of time in Business (in months) SMS Alert? Yes No
Nature of Business Bu	siness Type
Sector	Sub-sector Sub-sector
Constitution	Tax Identification Number
Paid up capital	Date of Incorporation/Registration
Shareholder's funds	Subsidiaries/Affiliates
Annual Turnover	
Contacty Name (Sumane/First & Other names)	inte
Talankana Numban	
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
	Nepnew
Relationship Details (tick as appropriate) Father Mother	Nepnew
Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR	Others (please specify)
Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR 1 Name (Suname/First & Other names)	Nepnew
Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR	Others (please specify) Title
Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR 1 Name (Sumane/First & Other names)	Others (please specify) Title
Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR 1 Name (Sumame/First & Other names) Date of Birth D M M Y Y Y Y Telephone Nur Marital Status: Married Single Widowed Divor	Others (please specify) Title
Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR 1 Name (Sumame/First & Other names) Date of Birth D M M Y Y Y Y Y Telephone Nur	Others (please specify) Title
Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR 1 Name (Sumame/First & Other names) Date of Birth D M M Y Y Y Y Telephone Nur Marital Status: Married Single Widowed Divor	Others (please specify) Title mber Gender: Male Female
Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR 1 Name (Sumame/First & Other names) Date of Birth D M M Y Y Y Y Telephone Nur Marital Status: Married Single Widowed Divor	Others (please specify) Title
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Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR 1 Name (Sumame/First & Other names) Date of Birth D M M Y Y Y Y Y Telephone Nur Marital Status: Married Single Widowed Divor Email Address: Shareholding PEP Yes No Designation	Others (please specify) Title mber Gender: Male Female Tax Identification Number Bank Verification
Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR 1 Name (Sumame/First & Other names) Date of Birth D M M Y Y Y Y Y Telephone Nur Marital Status: Married Single Widowed Divor Email Address: Shareholding PEP Yes No Designation	Others (please specify) Title Title Toced Gender: Male Female Tax Identification Number Bank Verification Number(BVN): School Cert. Diploma/NCE Doctorate Professional Qualification
Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR 1 Name (Surname/First & Other names) Date of Birth D M M Y Y Y Y Telephone Nur Marital Status: Married Single Widowed Divor Email Address: Shareholding PEP Yes No Designation Educational Qualifications: First degree HND S	Others (please specify) Title Title Toced Gender: Male Female Tax Identification Number Bank Verification Number Professional Qualification Number(BVN): School Cert. Diploma/NCE Doctorate Professional Qualification tense National ID Card Employer's ID E-Tax Others
Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR 1 Name (Sumame/First & Other names) Date of Birth D M M Y Y Y Y Telephone Num Marital Status: Married Single Widowed Divor Email Address: Shareholding PEP Yes No Designation Educational Qualifications: First degree HND States Identification Type: International Passport Driver's Lie	Others (please specify) Title Title Toced Gender: Male Female Tax Identification Number Bank Verification Number(BVN): School Cert. Diploma/NCE Doctorate Professional Qualification Cense National ID Card Employer's ID E-Tax Others
Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR 1 Name (Surname/First & Other names) Date of Birth D M M Y Y Y Y Telephone Nur Marital Status: Married Single Widowed Divor Email Address: Shareholding PEP Yes No Designation First degree HND Status Identification Type: International Passport Driver's Lie ID Number Issuance Address: Closest Landmark	Others (please specify) Title Title Toced Gender: Male Female Tax Identification Number Bank Verification Number(BVN): School Cert. Diploma/NCE Doctorate Professional Qualification Cense National ID Card Employer's ID E-Tax Others
Relationship Details (tick as appropriate) Father Mother Niece Son/Daughter's Spouse Brother/Sister's Spouse STAKEHOLDERS/SHAREHOLDERS/DIRECTOR 1 Name (Sumame/First & Other names) Telephone Nur Marital Status: Married Single Widowed Divor Email Address: Shareholding First degree HND Status International Passport Driver's Lie ID Number International Passport Issuance Address:	Others (please specify) Title Title Toced Gender: Male Female Tax Identification Number Bank Verification Number(BVN): School Cert. Diploma/NCE Doctorate Professional Qualification Cense National ID Card Employer's ID E-Tax Others

2 Name (Surname/First & Other names)
Date of Birth DDD MM MYYYYY 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 Issuance Date Expiry Date Expiry Date
Address:
Closest Landmark to the Address Yes Ali Constant To the Constant To the Address Yes Ali Constant To the Address Type Type Type Type Type Type Type Type
Year At Current Address Ownership of Residence Yes No Year At City Joined Since
Name (Surname/First & Other names)
Date of Birth D D M M Y Y Y Y Telephone Number
Marrital 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 Suance Date DD MM M Y Y Y Y Expiry Date DD MM M Y Y Y Y Y
Address:
Closest Landmark to the Address
Year At Current Address Ownership of Residence Yes No Year At City Joined Since
CLIENTS/SUPPLIERS
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Registered Number
Nature of Business
Bank Name
Account Number Tax Identification Number
Email Address Telephone Number
Telephone Number

2 Name				\top	\top	Ι																								
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First Time Request?		Yes		No																										
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Principal Company (for LPOs & Receivables only)		$\overline{}$	$\dot{\mp}$	T	T																									
Supplier Applicable to Auto & Asset Finance Facilities			Ť	T	T																									
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Existing Bank Borrowings							
Name of Lend	der	Type o	f Loan	Balance Outs	standing	Repayment amount	: Frequency
COLLATERALS							
			11				
Asset Finance	Cash	Domic	iliation	Property	Guarantee	<u> </u>	
Description of Collateral							
I CERTIFY THAT ALL THE INFORMAT TO MAKE ANY ENQUIRY YOU CONS							AT THE BANK WILL CHARGE ADMINISTRATION SSING THIS APPLICATION
Account Signatory:	15211 11202557111 7		Account Signate			D D	MMYYYY
						Date	
FOR OFFICIAL USE							
	TION HAS BEEN A	NSWERED, FORM HAS		THAT CUSTOMER'S INFO	RMATION ON ALL FI	ELDS ASTERISKED HAVE BEEN I	JPDATED ON FINACLE ACCORDINGLY M M Y Y Y Y Y
Received by: Relationship Manager			Signature			Date	
Sta ffNo: Business Manager			Signature				
Sta ffNo:							
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