

COMPANY INFORMATION DETAILS

Company Name*

Shop Address

City* State* Tel*

Landmark (if any) E-mail*

Company RC

Ownership of Shop premises? Yes No

If No, state no. of months of unexpired rent or lease If No, state length of time at Shop address

Length of time in Business (in months) Business Type

Date of Incorporation/Registration

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

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 (Surname/First & Other names) Title

Date of Birth

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

 Telephone Number

Marital Status: Married Single Widowed Divorced Gender: Male Female % Ownership

Designation BVN

Valid ID. e.g. Driver's License, Int' Passport or Voters Card

Address:

Years At Current Address Ownership of Residence Yes No Years At City

2 Name (Surname/First & Other names) Title

Date of Birth

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

 Telephone Number

Marital Status: Married Single Widowed Divorced Gender: Male Female % Ownership

Designation BVN

Valid ID. e.g. Driver's License, Int' Passport or Voters Card

Address:

Years At Current Address Ownership of Residence Yes No Years At City

NEXT OF KIN DETAILS

1 Name (Surname/First & Other names) Title

Telephone Number Email

Relationship Gender: Male Female

Address:

1 Name (Surname/First & Other names) Title

Telephone Number Email

Relationship Gender: Male Female

Address:

MARKET/PRODUCT INFORMATION

Name of Market

Location/ Address

City State

Line of business (state item(s) sold)

Product source

Type of goods sold Perishable Non Perishable

Target Customers Wholesale Retail

Sales cycle/Cash flow pattern Credit Cash & Carry

Monthly Sales Turnover

Top 5 Suppliers

Top 5 Customers

CREDIT FACILITY REQUEST

First Time Request? Yes No

Loan Variant 90days FTS 180days FTS

Facility Amount

Facility Tenor (in months)

Facility Repayment Date

Loan purpose

BANK ACCOUNT INFORMATION

PLEASE NOTE THAT LATE REPAYMENT/BOUNCED CHEQUES WILL ATTRACT PENALTY

CIF ID: 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

Account Relationship with other Banks

Bank	Branch	Account Type	Account Number	Account Age

Existing Bank Borrowings

Name of Lender	Type of Loan	Loan Amount Granted	Balance Outstanding	Repayment amount	Frequency

COLLATERALS

Charged Savings Shop allocation/ Deed of Assignment Stock Hypothecation

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

Business Manager

StaffNo:

Signature

Date

D	D	M	M	Y	Y	Y	Y