



## BANK ACCOUNT INFORMATION

CIF ID:

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

## OTHER BORROWINGS

Existing Bank Borrowings (Bank/Credit Institutions)

Name of Lender	Type of Loan	Balance Outstanding	Repayment Amount	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"/>

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

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

## FOR OFFICIAL USE ONLY

PLEASE CHECK THAT EVERY QUESTION HAS BEEN ANSWERED, FORM HAS BEEN SIGNED AND THAT CUSTOMERS INFORMATION ON ALL FIELDS ASTRISKED HAVE BEEN UPDATED ON FINACLE ACCORDINGLY

Received by:  Signature   
RELATIONSHIP MANAGER  
STAFF NO:

Date: 

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"/>

Business Manager  Signature   
STAFF NO:

Date: 

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"/>

## BDM CONFIRMATION

- Domiciliation of salary with FBN over a minimum period of 6 months
- Applicant's net monthly salary is greater or equal to N50,000.00.
- Applicant's net monthly salary figure
- Applicant's pay day (i.e between 1<sup>st</sup> - 31<sup>st</sup>)
- Minimum salary received in the last six (6) months.

No  Yes

No  Yes

No  Yes

I hereby confirm that the above checks carried out on the applicant are satisfactory. Loan request should be processed.

Other comments:

Business Development Manager  Signature   
STAFF NO:

Date: 

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"/>