



STAFF

CUSTOMER

**1 Personal/Residential Status Details:**

Mr.  Mrs.  Miss  Dr.  Rev.  Prof.  Other

Name of Applicant

Residential Address and Location

Postal Address

Home phone No:

Mobile No

Date of Birth \_\_/\_\_/\_\_\_\_

Marital Status:

Single

Married

Divorced

Widowed

Number of children

Number of dependants

Residential Status:

Owns home

Rents home

others (specify)

Expiry date of tenancy \_\_/\_\_/\_\_\_\_

Passport/Voters/National Identification/Drivers license/NHIS

ID NO

**2 Employment Details:**

Name of Employer

Date Employed \_\_/\_\_/\_\_\_\_

Employer Postal Address

Location of Premises of employer

Job Title

Office Telephone Number of Employer

Employment type:

Permanent

Contract

If contract state End Date of contract \_\_/\_\_/\_\_\_\_

Social Security Number

**3 Loan Request Details**

Name of Branch

Account Number :

Customer ID

Amount required

Loan Duration (months)

Purpose

**4 Bank/Finance Details**

Existing Loans with other financial institutions?

Yes

No

Other Bank Account details

Name of Bank:

Branch

Current Loan / Overdraft Balance:

Monthly Repayment

**5 Monthly Income details**

Net Salary

Allowances ( excluding Salary)

Total Income

Loan Repayments

Loan Balance

**6 Employer Confirmation;**

6.1 The organisation, company or institution hereby confirms and warrants that, all information provided by the applicant in 5 above, is true as at the date of this application;

6.2 Name of Company official

6.3 Title or designation

6.4 Signature and official stamp

**7 Applicant's Declaration**

I certify that all the information provided is true and complete; and I authorize you to make any inquiries which you consider necessary for confirmation of these for credit assessment. I also agree to be bound by the terms and conditions of the loan as outlined.



As requested and/or approved I hereby agree to be bound by the terms and conditions herein specified.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

**12 Required Documents**

- Fully Completed Application Form
- National ID  
(Voter, Health Insurance, Driver's License, National Passport, National ID Card)
- Current Payslip (Not older than 3 months)
- Invoice (from authorized vendor)

**FOR BANKS USE ONLY**

**Branch**

Name of Branch Processing request \_\_\_\_\_

Customer ID

Amount required

Date of customer request \_\_/\_\_/\_\_\_\_

Loan Duration (months)

Declined  Recommended

\_\_\_\_\_  
Signature URO

\_\_\_\_\_  
Signature/Stamp of Branch Manager

**Head Office**

Declined  Recommended

Number of installment approved

Loan amount approved

Repayment duration approved