CONSUMER LOAN APPLICATION FORM



DD/MM/YY

Personal	Loan

Witness

 Salary	Advanc

Auto I	Loa
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Household Equipmen



Home Loar

Name	
First Name Middle Name Surname	
Date of Birth DD / MM / YY Sex Male Female	Passport
Means of International Driver's National Permanent Voter's Card	
Residential Address	
Residential Type Owned Rented Staying with family Others Specify	No. of — Dependants
Phone (Home) Phone (Office) Mobile	
E-mail Address (Office)	
E-mail Address (Personal)	
Occupation Level/ Designation Years of Service	
Company Name Employer's Address	
Requested Amount in words Purpose of Loan	
(Brief description)	
Account No. Bank Verification Number (BVN)	
EC where account is opened	
Proposed Tenure in Months 12months 24months 36months Others	
Outright Purchase Applicable to only Home Loan	ners
Requested Asset Category (If applicable)	
Asset Description Make Model Cost Equity Contribution	on Net Amount
PURCHASES CAN ONLY	() BE MADE FROM A LIST OF BANK APPROVED VENDORS
Guarantor Name Phone	
Address	
BREAKDOWN OF SALARY PER ANNUM/ OTHER BORROWINGS	GUARANTOR FORM SHALL BE ATTACHED
Gross Amount Existing Borrowings (Bank/ Credit Institutions) Net Monthly Salary Payment Date of Salary Payment	DD/MM
Name of Lender Loan Type Balance Outstanding Repayment Amou	unt Frequency
	ADDITIONAL SHEET MAY BE USED
BORROWER'S/ EMPLOYEE'S CONSENT	. D. I. D. I.
With regard to my application for a loan facility from Heritage Bank Plc, I hereby authorize you to confirm the above information to He that you execute the Employer's Undertaking to the Bank. I also give authority to debit monthly repayment, CRMS, Credit Life Insurance	
Name Employee No.	DD/MM/YY

Signature

Employee No.

BREAKDOWN OF SALARY PER ANNUM/ OTHER BORROWINGS (To be signed by the Head of Human Resources Unit and the borrower before submitting to the Bank) We have received an application for a loan facility from ("the Applicant") who is currently an employee of your organization. To enable us process the application, kindly confirm the accuracy of the under-listed information provided by the Applicant. **INFORMATION TO BE CONFIRMED** Name of Current Employer Head Office Address Position in Company Department Level Employee No: No of Years Gross Annual Net Monthly Pension in Service Income Salary Contribution Staff Share Workmen's Co-operative Others Investment Trust compensation Nature of Employment Casual Full Others Contract Mode of Credit to Frequency of Salary Cheque Monthly Bi-monthly Weekly Salary Account Payment Payment Terminal benefit Confirmed Not Confirmed outstanding as at date **Existing Credit Obligations Deducted Periodically at Source** Maturity Date H N N Please be assured that the information you provided will be treated with professional confidentiality. **EMPLOYER'S CONFIRMATION AND UNDERTAKING** We confirm that to the best of our knowledge, the information provided by our above employee are true and accurate in all materials facts. Please note that this confirmation is given in good faith and upon your assurance that same shall be treated with professional confidentiality We also irrevocably and unconditionally undertake as follows: The employee does not have any outstanding credit obligation to this organisation aside those listed above That we will not give any further loan / I.O.U. or advance to the employee for the period this loan is running with Heritage Bank Name Position/ Designation Date Signature Name Position/ Designation Date Signature **ATTESTATION** I CONFIRM THAT THE INFORMATION PROVIDED BY ME IS TRUE, CORRECT AND COMPLETE. I HEREBY AGREE THAT THE INFORMATION I PROVIDED ABOVE WILL BE USED BY THE BANK TO UPDATE MY BANKING RECORDS AND I ALSO AGREETO INFORM THE BANK IF THE INFORMATION CHANGES. I HEREBY CONFIRM THAT THIS LOAN APPLICATION FORM ALSO SERVES AS MY LOAN APPLICATION LETTER. I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME 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 FOR OFFICIAL USE PLEASE CHECK THAT EVERY QUESTION HAS BEEN ANSWERED AND THE FORM HAS BEEN SIGNED. Signature RELATIONSHIP MANAGER /RM CODE EXPERIENCE CENTRE MANAGER/ RM CODE

Backup