

APPLICATION FOR LOAN

Please complete this form in block letters and return to Human Resource.

PERSONAL DETAILS

Surname	EDZEMOIA		
First Name	ANTHONY		
Middle Name	OMATSAN		
Date of Birth (dd/mm/yyyy)	01/10/1972		
Date of Employment (dd/mm/yyyy)	20-10-2022		
Staff ID:	9201	Dept:	BAU
Location:	IKESA BR		
Grade:	AD1		

Marital Status	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <small>(Please tick as appropriate)</small>	Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <small>(Please tick as appropriate)</small>
Nationality: Nigerian	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if other, state:	
No of Dependents:	4	Mother's Maiden Name: JOSEPHINE AGIRANOR	
I.D. Type:	<input type="checkbox"/> National I.D. <input type="checkbox"/> International Passport <input checked="" type="checkbox"/> National Driver's License <input type="checkbox"/> Employer's I.D. <input type="checkbox"/> Employee's I.D. No.		
I.D. Number:	145A50565AA01	I.D. Start/Expiry Date:	07-10-2023

RESIDENTIAL ADDRESS

Address: NO 13 EMEKA NZOM GREENFIELD ESTATE AGO-		
State: LAGOS	City/Village: LAGOS	L.G.A. ISOL
Nearest B/Stop: CEC BUS STOP		
Residential Status:	<input type="checkbox"/> Rented Apartment more than 5yrs <input checked="" type="checkbox"/> Rented Apartment more than 2yrs	
	<input type="checkbox"/> Rented Apartment less than 2yrs <input type="checkbox"/> Living with Parents or Relatives <input type="checkbox"/> Owner Occupier	
Fax:	Email: ANTHONY.EDZEMOIA@FCMB.COM	
Telephone (Mobile): 07081431832	Home (Landline):	

EDUCATIONAL LEVEL (Please tick as appropriate)

<input type="checkbox"/> D.Sc, Ph.D, M.Phil	<input checked="" type="checkbox"/> B.Sc+ Professional Qualifications or Masters Degree
<input checked="" type="checkbox"/> B.Sc or HND + Professional Qualification	<input type="checkbox"/> OND + Professional Qualification or Professional Qualifications Only or HND
<input type="checkbox"/> OND Only	<input type="checkbox"/> Non Graduate

EMPLOYMENT INFORMATION

Employer's Name:	FCMB		
Employer's Address:	12A TINUBU STREET		
Mailing Address (office):			
Specify if Other:			
Employee's Confirmation:	<input checked="" type="checkbox"/> Confirmed	<input type="checkbox"/> Unconfirmed	
Applicant's Position:	<input checked="" type="checkbox"/> Junior Staff	<input type="checkbox"/> Senior Staff	<input type="checkbox"/> Middle Management
	<input type="checkbox"/> Senior Management	<input type="checkbox"/> Executive Management	
Salary Payment Date:	12TH OF EACH MONTH 02ND		
Length of Service (PRESENT COY):	7 YEARS		
Previous Company Name:	FINBANK		
Years in Service (PREVIOUS COY):	3 YEARS	Total (Overall) Years in Service:	10 YEARS

INCOME AND STATUTORY DEDUCTIONS DETAILS

INCOME DETAILS (Please tick if monthly, bi-monthly etc were appropriate)				
No.	Income Type	Amount	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Annual
1	Basic Salary		174,000 = 00	4,800,000 = 00
2	Other Allowances			
3				
4				
5				

DEDUCTION DETAILS (Please tick if monthly, bi-monthly etc were appropriate)				
No.	Income Type	Amount	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
1	Taxes			
2	Staff Loans			

BANKING RELATIONSHIPS

Do you have an existing current account relationship with the bank? ☒ Yes ☐ No

If "YES" State Account Number: 1755545025

EXTERNAL DEBT DETAILS

External borrowing relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "YES", fill details below)		
Items	Facility 1	Facility 2
Bank/Lender		
Due to Employer		
Amount Outstanding		
AVG Monthly Installment		
Relationship (whether Primary Applicant, Co-Applicant or Guarantor)		
Maturity Date		

Credit Card Details		
Items	Credit Card Details 1	Credit Card Details 2
Bank/Lender		
Card Number		
Limit		
Expiry Date (dd/mm/yyyy)		

LOAN REQUEST INFORMATION

Request	Amount =N=	Details	
Loan Amount Requested	500,000.00		
Loan Type	Emergency <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Rent Loan <input type="checkbox"/> Salary Advance <input type="checkbox"/>		
Tenure in Months (min. of 3, max of 36)	4 years		

PERSONAL REFERENCE

Relative (Blood)	Details
Name	LENNEK EGBRENOBA
Relationship with Applicant	BROTHER
Telephone Number	08022067017
Email Address	4060201@Yahoo.com
Contact Address	NW 50 OGITEN STREET EKURERIS, WAKA.
OTHERS	
Name	Nwankwo Emmanuel
Relationship with Applicant	Colleague
Telephone Number	07067628181
Email Address	emmanuelnwankwo@gmail.com
Contact Address	6th Ave, Festac town, Lagos

SPOUSE DETAILS

Name:	NNEKA EGBRENOBA
Work Address	HOUSE 2 IN CLOSE OFF 21 DUBAU FESTAC
Work Phone Nos	08068757712
Mobile Nos	08068757712
Telephone Nos	

PERSONAL REFERENCE

Relative	Details
Name	Mushtaq Joseph
Relationship with Applicant	Colleague
Telephone Number	0706410328
Email Address	mushtaq.joseph@fcmb.com
Contact Address	Edinboro Drive, Leamington
OTHERS	
Name	
Relationship with Applicant	
Telephone Number	
Email Address	
Contact Address	

DECLARATION

I hereby request for a loan under the new staff loan policy and certify that the above information given by me is true and complete. I understand that this application will go through a vetting process and should my loan be approved a loan account of the amount will be created in my name.

I understand that interest on this facility will be applied based on 4% interest rate per annum. I instruct the Bank to credit the loan amount approved to my current account number. 1755545926 upon approval of my loan.

In the event that the amount I qualify for is less than the amount requested:

- ☐ I instruct the Bank to contact me before crediting my account.
- ☒ I authorize the Bank to create a loan account in my name and disburse the approved amount to me.

If for any reason you resign your appointment and you have not completed the repayment, balance of this loan would be immediately due and full payment must be made within one month of the effective terminal date following which commercial interest rate would apply.



FCMB



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