

## PERSONAL LOAN RESTRUCTURE APPLICATION FORM

Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Hon. ☐ Other (Please Specify) \_\_\_\_\_

Name: \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth: \_\_\_\_\_ PIN: \_\_\_\_\_ Nationality: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Other (please specify) \_\_\_\_\_

Gender: ☐ Male ☐ Female

Identification Document: ☐ National ID, ☐ Passport, ☐ Alien ID, ☐ Disciplined forces ID) Document No. : \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_

Physical Address (Residential): \_\_\_\_\_ Plot No.: \_\_\_\_\_

Length of stay at current residence in years: \_\_\_\_\_ Nearest Landmark: \_\_\_\_\_

Is the Property Company House ☐ Rental ☐ Own House ☐ Live with Parents

Cell Phone No. (1): \_\_\_\_\_ Cell Phone No. (2): \_\_\_\_\_

Email (preferred): \_\_\_\_\_ Email (other): \_\_\_\_\_

Next of Kin (name): \_\_\_\_\_

Relationship: ☐ Spouse ☐ Child ☐ Parent ☐ Other (specify): \_\_\_\_\_

Next of Kin Tel Contacts: \_\_\_\_\_ Postal Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Town/ City: \_\_\_\_\_ Country: \_\_\_\_\_

### EMPLOYER/ BUSINESS DETAILS

Employment type: ☐ Permanent ☐ Pensionable ☐ Contract

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Employee Department: \_\_\_\_\_ Employee Position: \_\_\_\_\_

If Self employed, State Nature of Business: \_\_\_\_\_

Gross Income Band (KES '000) ☐ Below 150K ☐ 150-350K ☐ 350-600K ☐ 600-3.5M ☐ Above 3.5M

Employers Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town/City: \_\_\_\_\_ Country: \_\_\_\_\_

Employers/ Business Physical Address: \_\_\_\_\_ Tel (Off): \_\_\_\_\_

Plot No. : \_\_\_\_\_ Mobile No. (off): \_\_\_\_\_ Email Address: \_\_\_\_\_

Other accounts held currently (with NCBA or other banks)

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ A/C No.: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ A/C No.: \_\_\_\_\_

### RESTRUCTURE REQUEST DETAILS

Reason for seeking restructure \_\_\_\_\_

Option 1: Restructure by amalgamation (consolidation)

☐ Mortgage ☐ Unsecured ☐ Overdraft ☐ Credit Card ☐ Other secured loans \_\_\_\_\_

Type of Loan	Interest Rate (p.a)	Remaining tenor	Total Outstanding

Structure the new loan as follows:

Total amalgamated balance: \_\_\_\_\_ Currency: \_\_\_\_\_ Tenor: \_\_\_\_\_ Interest rate (pa) \_\_\_\_\_ (variable on reducing balance)

## OPTION 2: SINGLE/LOAN FACILITY RESTRUCTURE

Load arrears and interest accrued to the balance outstanding on my:

☐ Mortgage ☐ Unsecured ☐ Overdraft ☐ Credit Card ☐ Other secured loans \_\_\_\_\_

Structure the new loan as follows:

Balance: \_\_\_\_\_ Arrears: \_\_\_\_\_ Interest accrued: \_\_\_\_\_

Total Outstanding (balance + arrears + interest): \_\_\_\_\_ Interest rate (pa): \_\_\_\_\_ Remaining tenor: \_\_\_\_\_

Extend tenor by: \_\_\_\_\_ New tenor: \_\_\_\_\_

## OPTION 3: MORATORIUM

Kindly allow (tick as appropriate):

☐ A moratorium on principal ☐ Existing facility ☐ A moratorium on both principal and interest ☐ Restructured facility

On my: ☐ Mortgage ☐ Unsecured ☐ Overdraft ☐ Credit Card ☐ Other secured loans \_\_\_\_\_

Moratorium (grace) period \_\_\_\_\_ months. Effective date: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Resumption of full repayment date: \_\_\_\_\_

## DECLARATION

1. I/We certify this information is true and correct and authorize NCBA to contact any source for confirmation. I /We have read the General Terms and Conditions governing this facility and agree to be bound by them. I/We understand NCBA reserves the right to decline this application.
2. I/We understand that this application will go through a vetting process and should my/our loan be approved a loan account of the amount requested will be created in my/our name.
3. I/We understand that interest of this loan will be applied based on the prevailing variable interest rate currently at \_\_\_\_\_ p.a. for the entire period.
- 3a. My/Our loan will be repaid over \_\_\_\_\_ months.
4. I/We agree to obtain credit insurance cover for the loan and authorize NCBA to deduct premiums payable towards the Cover (applicable to customers that obtain cover from NCBA Insurance Agency)
5. I/We authorize NCBA to deduct the facility fee from the loan granted.
6. I/We agree to inform NCBA should my/our employment status change and I/we further confirm that I/we shall NOT change my/our salary paypoint from NCBA until I/we have paid off the loan in full.
7. I/We authorize my/our employer not to channel my/our salary and other benefits to any other bank without written authorization from NCBA Limited.
8. I/We agree to inform NCBA should my/our employment status change thereby affecting the direct salary check-off arrangements with my employer.

Please tick as applicable:

I/We authorize my employer to deduct via direct salary check-off my monthly loan repayment and remit to NCBA.

I/We authorise my employer to channel my monthly salary to NCBA account No.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_