

BUSINESS LOAN RESTRUCTURE APPLICATION FORM

Date: 04/29/2020

BUSINESS DETAILS

Registered Name: **SUBMISSION TWO**

Trading Name: **SUBMISSION TWO**

Entity Type: ☐ Limited Liability Company ☒ Sole Proprietorship ☐ Partnership ☐ Others: _____

Nature of business (industry): **DISTRIBUTION**

Certificate of Reg. / Incorporation No.: **1232112-FS** Date of Reg./ Incorporation: **01/04/2020**

Years of operation: **12** Pin /Tax Number: **ADFSDFWR3** No. of Employees: **12**

Business Premise: ☒ Owned ☐ Rented

BUSINESS LOCATION / ADDRESS

Physical address: Location Town: **NAKURU** Street/ Road: **SESAME STREET**

Building/ LR. No.: **132131** Floor/ Door No.: **12** Nearby landmark: **OPEN SESAME** (ie. School, Hospital, Centre, Mall etc)

Tel. Office No. 1: **020 123 4567890** Tel. Office No. 2: **020 123 4567890**

Website: **020 123 4567890** Postal address: **12000** Postal code: **0300**

Town: **NAKURU** Country: **KE**

Contact Person (Of Business on a day-to-day basis) Name: **OFFICIAL NAME TWO**

Mobile number: **9720 456789** Office number: **020 123 4567890**

Email Address: **OFFICEMAIL@THISOFFICE.COM** Designation: **CHIEF CHEF**

Date joined: **15/04/2020** (dd/mm/yyyy) Experience: (Years in Line of Business): **12**

DETAILS OF APPLICANT TO BE COMPLETED IF SOLE PROPRIETOR

Personal Details

Title: (Tick appropriate box.) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☒ Other **EMPEROR**

Name: **KINGORI FIVE**

Date of birth: **16/04/2020** (dd/mm/yyyy) Gender: **FEMALE** Nationality: **ZM** Marital Status: **MARRIED**

ID/ Passport No.: **123456789** Passport Expiry Date: **10/04/2020** (dd/mm/yyyy) PIN/ Tax Number: **12335678**

Mobile No.: **9720 456789** Home Phone No.: **9720 456789**

Postal address: **9087** Postal Code: **1230** Town: **KINGSTON TOWN** Country: **AG**

Physical Address: Town: **KINGORI FIVE** Street name: **FIVE FIVERS FIVE** Estate: **TWELVE CANDLES**

Hse/LR. No: **123** Name of next of Kin: **JACK THE SNAKE**

Relationship: **BROTHER** Phone No.: **9720 456789**

Account Details:

Account Name (s): **KINGORI FIVE TWLV**Account Number: **ABC123490767876**

RESTRUCTURE REQUEST DETAILS

Type of Loan	Total Outstanding	Arrears	Proposed additional Tenor	Proposed Moratorium

During this period, I/We will be able to pay Minimum Instalment of KES: **1000000**

MORATORIUM

Kindly allow a Moratorium on (tick as appropriate): ☒ Outstanding principal ☐ principal and interest.Moratorium (grace) period **144** months. Effective date: **12-04-2020** Expiry date: **12-12-2020**Resumption of full repayment date: **01-12-2021**

APPLICANT(S) DECLARATION /DISCLOSURE

The Bank undertakes that any personal or credit information shall be collected, processed, shared or otherwise dealt with in accordance with the terms of the Bank's Privacy Policy as may be updated from time to time, and which is also available upon request or at www.ncbagroup.com. The customer confirms that he has read, understood and accepts the terms of the Privacy Policy.

I/we certify that this information is true and correct. I/we further authorize NCBA Bank Kenya PLC and/or officers to directly contact any person(s) listed in this form for confirmation. I/we understand that NCBA Bank Kenya PLC reserves the right to decline this application without giving reasons.

I/We understand that interest of this loan is variable and will be applied at the Bank's current prevailing interest rate.

I/We agree to immediately inform NCBA should my Business status change

Name: **KINGORI FIVE TWLV** Signature:  Date: **04/29/2020**Name: **ASSET VICTOR** Signature:  Date: **04/29/2020**Name: **VICTOR THREE** Signature:  Date: **04/29/2020**

FOR OFFICIAL USE ONLY

Account Officer Code (DAO1): _____ Preferred Branch (DAO2): _____

Details	Authenticated by	Authorized by
Name		
Date		
Signature		