



PERSONAL LOAN RESTRUCTURE APPLICATION FORM

Title ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Hon. ☐ Other (Please Specify) _____

Name: _____ First name: JUSTUS Middle name: ANONYMOUS Surname: KLXMOCK

Date of Birth: 17/04/2020 PIN: A2908765 Nationality: KE

Marital Status: ☐ Single ☒ Married ☐ Other (please specify) _____

Gender: ☐ Male ☒ Female

Identification Document: NATIONAL ID (passport, Alien ID, Disciplined forces ID) Document No.: 123345435

Postal Address: 3221312 Postal Code: 0200 City: NAIROBI

Physical Address (Residential): 13321321 Plot No.: _____

Length of stay at current residence in years: 2 Nearest Landmark: EQUITY TOWERS

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

Cell Phone No. (1): 31123213232112321 Cell Phone No. (2): _____

Email (preferred): 1232131232@CLCOKJOJO.COM Email (other): CJUSTUS@COMPANY.COM

Next of Kin (name): KINSMEN

Relationship: ☐ Spouse ☒ Child ☐ Parent ☐ Other (specify): _____

Next of Kin Tel Contacts: 07778777 Postal Address: 09709700809

Postal Code: 0900 Town/City: KISUMU Country: NE

EMPLOYER / BUSINESS DETAILS

Employment type: ☒ Permanent ☒ Pensionable ☒ Contract

Occupation: _____ Name of Employer: EAST AFRICAN DATA HANDLERS LIMITED

Employee Department: ACCOUNTING, SALES, FORWARDING Employee Position: CHIEF ACCOUNTING OFFICER

If Self employed, State Nature of Business: LOREM IPSUM EFTER ADFDSFDSFDFDS LOREM

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

Employers Postal Address: 12321 Postal Code: 1000 Town/City: MOMBASA Country: FK

Employers/Business Physical Address: 323323 Tel (Off): 31222131

Plot No.: 1234 Mobile No. (off): 907986276371286312 Email Address: WEB@ZILOJO.COM

Other accounts held currently (with NCBA or other banks)

Bank Name: EQUITY Branch: TOWN A/C No.: 11232343423

Bank Name: STANDARD CHARTERED Branch: HURLINGHAM A/C No.: 122321243433

RESTRUCTURE REQUEST DETAILS

Reason for seeking restructure: DECLINING INCOME AND SALES

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
UNSECURED PERSONAL	10	10	90000

Structure the new loan as follows:

Total amalgamated balance: 100000 Currency: KSH Tenor: 12 Interest rate (pa) 12 (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 PERSONAL LOAN

Structure the new loan as follows:

Balance: 100000 Arrears: 10000 Interest accrued: 12

Total Outstanding (balance + arrears + interest): 1200000 Interest rate (pa): 12 Remaining tenor: 14

Extend tenor by: 12 New tenor: 24

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 CAR LOAN

Moratorium (grace) period 144 months, Effective date: 2020-12-12 Expiry date: 2021-12-12

Resumption of full repayment date: 2020-04-04

DECLARATION

- 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.
- 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.
- I/We understand that interest of this loan will be applied based on the prevailing variable interest rate currently at 11 p.a. for the entire period.
3a. My/Our loan will be repaid over 144 months.
- 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)
- I/We authorize NCBA to deduct the facility fee from the loan granted.
- 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.
- 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.
- I/We agree to inform NCBA should my/our employment status change thereby affecting the direct salary check-of-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 authorize my employer to channel my monthly salary to NCBA account No.

Architect

Signature of applicant: _____ Date: 04/20/2020

Signature of applicant: _____ Date: _____

