

## BUSINESS LOAN RESTRUCTURE APPLICATION FORM

Date: (dd/mm/yyyy)

### BUSINESS DETAILS

Registered Name: **INFINIX MOBILE**

Trading Name: **INFINIX MOBILE**

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

Nature of business (industry): **MOBILE DEVICES SALES**

Certificate of Reg. / Incorporation No.: **122112SFSFSDDFDS** Date of Reg./ Incorporation: **07/11/2018**

Years of operation: **3** Pin /Tax Number: **131212321312313123** No. of employees: **1200**

Business Premise: ☒ Owned ☐ Rented

### BUSINESS LOCATION / ADDRESS

Physical address: Location Town: **NAIROBI** Street/ Road: **LORESHO ROAD**

Building/ LR. No.: **MESHAN COMPLEX 2** Nearby landmark: **DIAGEO COMPLEX** (ie. School, Hospital, Centre, Mall etc)

Tel. Office No. 1: **0908898808088090** Tel. Office No. 2: **21213211**

Website: **HTTPS://MESHANCOMPLEX.COM** Postal address: **1231212** Postal code: **0900**

Town: **NAIROBI** Country: **KE**

Contact Person (Of Business on a day-to-day basis) Name: **OFFICE ADMINISTRATOR**

Mobile number: **0909U880809** Office number: **0998999787**

Email Address: **OFFICEADMINISTRATOR@MESHANCOMPLEX.COM** Designation: **CHIEF ACCOUNTANT**

Date joined: **09/10/2017** (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 **OTHER TITLE**

Name: **RALEIGH FREIGHTER**

Date of birth: **12/12/2001** (dd/mm/yyyy) Gender: **FEMALE** Nationality: **AX** Marital Status: **DIVORCED**

ID/ Passport No.: **23432423423** Passport Expiry Date: **12/12/2022** (dd/mm/yyyy) PIN/ Tax Number: **123213212131**

Mobile No.: **12321312312312** Home Phone No.: **12312312312**

Postal address: **1232121** Postal Code: **0909-SFT** Town: **KISUMU** Country: **AX**

Physical Address: Town: **12321** Street name: **LUTHULI 1232131** Estate: **LUTHULI**

Hse/LR. No: **12312** Name of next of Kin: **ADAM SAVAGE III**

Relationship: **BROTHER** Phone No.: **009871312312**

## Account Details:

Account Name (s): **009871312312** Account Number: \_\_\_\_\_

## 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: \_\_\_\_\_

## MORATORIUM

Kindly allow a Moratorium on (tick as appropriate): ☐ Outstanding principal ☐ principal and interest.

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

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

## 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](http://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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICIAL USE ONLY

Account Officer Code (DAO1): \_\_\_\_\_ Preferred Branch (DAO2): \_\_\_\_\_

Details	Authenticated by	Authorized by
Name		
Date		
Signature		