

COMPANY INFORMATION DETAILS

Company Name*

Residential Address*

Landmark (if any)

Office Address

City* State* Tel*

Landmark (if any) E-mail*

Company RC If No, state length of time at rented office

Ownership of business premises? Yes No Length of time in Business (in months) SMS Alert? Yes No

Nature of Business Business Type

Constitution Date of Incorporation/Registration

Paid up capital Subsidiaries/Affiliates

RELATED PARTY INFORMATION

Related Party [any relationship with Bank's Top Management Officers (AGM & above) or its Directors] Yes No

If yes, please provide details: Name of Related Party

Relationship Details (tick as appropriate) Father Mother Wife Husband Brother Sister Son Daughter Nephew Niece Son/Daughter's Spouse Brother/Sister's Spouse Others (please specify)

STAKEHOLDERS/SHAREHOLDERS/DIRECTOR

1 Name (Surname/First & Other names) Title

Date of Birth Telephone Number

Marital Status: Married Single Widowed Divorced Gender: Male Female % Ownership

Designation Professional Qualification

Educational Qualifications: First degree HND School Cert. Diploma/NCE Doctorate Professional Qualification

Identification Type: International Passport Driver's License National ID Card Employer's ID E-Tax Others

ID Number Issuance Date Expiry Date

Address:

Year At Current Address Ownership of Residence Yes No Year At City Joined Since

2 Name (Surname/First & Other names) Title

Date of Birth Telephone Number

Marital Status: Married Single Widowed Divorced Gender: Male Female % Ownership

Designation Professional Qualification

Educational Qualifications: First degree HND School Cert. Diploma/NCE Doctorate Professional Qualification

Identification Type: International Passport Driver's License National ID Card Employer's ID E-Tax Others

ID Number Issuance Date Expiry Date

Address:

Year At Current Address Ownership of Residence Yes No Year At City Joined Since

3 Name (Surname/First & Other names) Title

Date of Birth Telephone Number

Marital Status: Married Single Widowed Divorced Gender: Male Female % Ownership

Designation Professional Qualification

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Address:

Year At Current Address Ownership of Residence Yes No Year At City Joined Since

CREDIT FACILITY REQUEST

First Time Request? Yes No

Loan Type Operational Vehicle Office Equipment Term Loan Overdraft FirstEdu Contract Finance LPO

Others(please specify)

Loan purpose

Loan Amount

Principal Company (for LPOs & Receivables only)

Supplier
Applicable to Auto & Asset Finance Facilities

Asset Description	Make	Model	Cost	Equity Contribution	Net Amount

Note that Equity contribution is a minimum of 20% of the asset cost and purchases can only be made from a list of approved vendors.

Total Proposed tenure in months 12 24 36 Others

Installment Plan: Bullet Equated Installment Equated Principal

Due Date

D	D	M	M	Y	Y	Y	Y

Repayment Frequency Monthly Quarterly Half Yearly Annually

Disbursal Type Single Multiple

BANK ACCOUNT INFORMATION

PLEASE NOTE THAT LATE REPAYMENT/BOUNCED CHEQUES WILL ATTRACT PENALTY

CIF ID:

Account Relationship with FirstBank Please note that customers are required to maintain or open a current account with FirstBank

Branch	Account Type	Account Number	Account Age

Account Relationship with other Banks

Branch	Branch	Account Type	Account Number	Account Age

Existing Bank Borrowings

Name of Lender	Type of Loan	Balance Outstanding	Repayment amount	Frequency

COLLATERALS

Asset Finance Cash Domiciliation Property Guarantee

Description of Collateral

I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME/US ABOVE IS TRUE, CORRECT AND COMPLETE. I AUTHORISE YOU TO MAKE ANY ENQUIRY YOU CONSIDER NECESSARY AND APPROPRIATE FOR THE PURPOSE OF EVALUATING THIS APPLICATION

PLEASE NOTE THAT THE BANK WILL CHARGE ADMINISTRATION FEES FOR PROCESSING THIS APPLICATION

Account Signatory:

Account Signatory:

Date

D	D	M	M	Y	Y	Y	Y

FOR OFFICIAL USE

PLEASE CHECK THAT EVERY QUESTION HAS BEEN ANSWERED, FORM HAS BEEN SIGNED AND THAT CUSTOMER'S INFORMATION ON ALL FIELDS ASTERISKED HAVE BEEN UPDATED ON FINACLE ACCORDINGLY

Received by:
Relationship Manager
Staff No:

Signature

Date

D	D	M	M	Y	Y	Y	Y

Business Manager
Staff No:

Signature