

Please affix 2 passport  
size photographs

**LOAN APPLICATION FORM**

BRANCH.....

TYPES OF FACILITY (loan, mortgage etc.)

NAME OF APPLICANT..... MR/MRS/MISS

BVN.....

DATE OF BIRTH.....SEX.....MARITAL STATUS.....No of Children.....

STATUS.....TELEPHONE.....MOBILE.....EMAIL.....

RESIDENTIAL ADDRESS (Not P.O Box).....

.....

NAME OF EMPLOYER/BUSINESS NAME.....

OFFICE OR BUSINESS ADDRESS.....

NATURE OF BUSINESS/JOB DESCRIPTION.....

.....

NO OF YEARS IN THE BUSINESS OR EMPLOYMENT.....

NO OF YEARS IN THE MARKET OR CURRENT EMPLOYMENT.....

Give A Brief Description of Yourself.....

How Will People Describe You.....

**NEXT OF KIN (please provide identification)**

NAME.....DATE OF BIRTH.....SEX.....

STATE RELATIONSHIP: WIFE/HUSBAND/FATHER/MOTHER/BROTHER/SISTER etc. ....

RESIDENTIAL ADDRESS.....

OFFICE OR BUSINESS ADDRESS.....

.....

STATUS.....OCCUPATION.....TELEPHONE.....

MOBILE.....

**ASSOCIATION DETAILS (if applicable)**

NAME OF THE ASSOCIATION.....

(Name in full)

NAME OF THE MARKET..... ASS RG NO..... ASSOCIATION ID NO.....

START ID DATE..... END ID DATE.....

ASSOCIATION EXCO'S ATTESTATION:

CHAIRMAN

SECRETARY

TREASURER

NAME.....

SIGN/DATE.....

**LOAN INFORMATION**

AMOUNT REQUESTED.....TENOR.....

PURPOSE OF THE LOAN.....

REPAYMENT FREQUENCY.....BI-MONTHLY/MONTHLY/BULLET PAYMENT

**COLLATERAL SECURITY OFFERED**

S/N	SECURITY TYPE	DETAILS	VALUE

**CASH FLOW ANALYSIS (to be completed and attached by the applicant)**

A	INFLOW							
		BALANCE B/F						
		SALES						
		INCOME FROM INVESTMENTS						
		OTHERS						
		TOTAL						
B	OUTFLOW							
		PURCHASE OF GOODS						
		RATE & RENT						
		SALARIES						
		BILLS/ELECTRICITY						
		TRANSPORTATION						

		OTHERS						
		TOTAL						
C	PROFIT	A-B						

(Please attach photocopies of sales ledger book/6 month's bank statement)

**CREDIT FACILITY WITH OTHER FINANCIAL INSTITUTION**

NAME OF INSTITUTION	BRANCH	LOAN AMOUNT	TYPE OF FACILITY	TENOR	OUTSTANDING BALANCE

**PERSONAL DECLARATION**

I.....OF.....  
 .....Hereby apply for a facility of .....  
 From PROJECTS MICROFINANCE BANK PLC for a period of ..... payable monthly/Bye  
 monthly/once. I hereby declare that all the information I have given above are accurate and  
 true. I further authorize the bank to verify the information given herein and make reference from  
 any person/institution. I hereby authorize the bank to dispose all/ part of the collateral I have  
 noted above and surrendered/ transferred to the bank in respect of this facility in event of  
 default or recall of facility.

SIGNATURE/DATE.....