

CORPORATE LOAN APPLICATION FORM

PLEASE COMPLETE IN BLOCK LETTERS

BUSINESS DETAILS

| | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|--|--|--|--|---|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Business Name | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Address | | | | | | | | | | | | | | | | | | | | | | | | |
| Landmark | | | | | | | | | LGA | | | | | | | | | | | | | | | |
| City | | | | | | | | | State | | | | | | | | | | | | | | | |
| Email Address | | | | | | | | | TIN | | | | | | | | | | | | | | | |
| Phone/Mobile 1 | | | | | | | | | Phone 2 | | | | | | | | | | | | | | | |
| Business Type | | | | | | | | | | | | | | | | | | | | | | | | |
| Ownership Type: | Sole Proprietorship <input type="checkbox"/> | | | | Public Company <input type="checkbox"/> | | | | Private Company <input type="checkbox"/> | | | | Partnership <input type="checkbox"/> | | | | | | | | | | | |
| Business Premises Type: | Rented <input type="checkbox"/> | | | | Owned <input type="checkbox"/> | | | | Shared <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Years business has been in existence | | | | | | | | | Registration Number | | | | | | | | | | | | | | | |

LOAN DETAILS

| | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Purpose of Loan | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of goods to be financed | | | | | | | | | | | | | | | | | | | | | | | | |
| Loan Amount | | | | | | | | | Tenor of Loan | | | | | | | | | | | | | | | |
| Security Tendered for Collateral | | | | | | | | | | | | | | | | | | | | | | | | |
| Corporate Account Number to Credit | | | | | | | | | Bank | | | | | | | | | | | | | | | |

BUSINESS LOAN PROTECTION PLAN

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. Name of Borrower | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Name of Borrower | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Name of Borrower | | | | | | | | | | | | | | | | | | | | | | | | |
| Sum assured | | | | | | | | | | | | | | | | | | | | | | | | |

I/We irrevocably authorise the Insurance Company approved by the Finance Company to: a. Obtain any information from any person whom the Insurer and/or the Finance Company deem necessary b. Share information in any related policy or other document with other insurers either directly or indirectly, as may be necessary. c. Debit my account for the insurance premium covering the tenor of the facility and the premium shall be paid upfront. The information provided in this form is true, correct and complete and will form basis of this contract. The contract details will be contained in the summary of the cover provided under this policy and I hereby cede and assign to Gadol Financial Services Ltd all rights in this contract.

Borrower's Signature/ Date

Borrower's Signature/ Date

Borrower's Signature/ Date

DECLARATION

I/We hereby apply for a credit facility with Gadol Financial Services Ltd. I/We have read and understood the Terms & Conditions in the Offer Letter, governing the structure of the facility granted by Gadol Financial Services Ltd. I/We accept and agree to be bound by the Terms & Conditions and hereby accept my/our liability to Gadol Financial Services Ltd. I/We understand that the Finance Company may, at its absolute discretion, terminate this loan agreement completely or partially for breach of any of the Terms & Conditions without any notice to me, at which point all outstanding obligations become due. I/We hereby declare that the information given is true and correct to the best of my/our knowledge.

| | | | | | | | | | | | | | | | | | | | | | | | | |
|------|---------|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|
| Name | | | | | | | | | | | | | | | | | | | | | | | | |
| | Surname | | | | | | | | First Name | | | | | | | | Other Name | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | |
| | Surname | | | | | | | | First Name | | | | | | | | Other Name | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | |
| | Surname | | | | | | | | First Name | | | | | | | | Other Name | | | | | | | |

Signature/Date

Signature/Date

Signature/Date

In the event that the Amount I/We qualify for is less than the amount I/We applied for (please tick only one option)

I/We authorize Gadol to contact me/us before crediting my/our account.

I/We authorize Gadol to credit my/our account with the approved amount.

SIGNATORIES' DETAILS

| | | | | |
|--|--|---|---|--|
| 1. Title | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Miss <input type="checkbox"/> | Others (please specify) <input type="text"/> |
| Name | <input type="text"/> | | | |
| | Surname | First Name | Other Names | |
| Designation | Director <input type="checkbox"/> | Owner <input type="checkbox"/> | Partner <input type="checkbox"/> | Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> |
| | Marital Status: Married <input type="checkbox"/> | | Single <input type="checkbox"/> | Seperated <input type="checkbox"/> Divorced <input type="checkbox"/> |
| Nationality | <input type="text"/> | | Tel/Mobile <input type="text"/> | |
| E-mail | <input type="text"/> | | | |
| Residential Address (Not P.O. Box) | <input type="text"/> | | | |
| | <input type="text"/> | | | |
| Landmark | <input type="text"/> | | LGA | <input type="text"/> |
| City | <input type="text"/> | | State | <input type="text"/> |
| Means of Identification: | Driver's ID <input type="checkbox"/> | National ID <input type="checkbox"/> | Int'l Passport <input type="checkbox"/> | Voter's Card <input type="checkbox"/> |
| Issue Date | <input type="text"/> / <input type="text"/> / <input type="text"/> | Expiry Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Identification Number | <input type="text"/> | | BVN | <input type="text"/> |
| Spouse's Name | <input type="text"/> | | | |
| Spouse's Mobile | <input type="text"/> | | TIN | <input type="text"/> |
| 2. Title | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Miss <input type="checkbox"/> | Others (please specify) <input type="text"/> |
| Name | <input type="text"/> | | | |
| | Surname | First Name | Other Names | |
| Designation | Director <input type="checkbox"/> | Owner <input type="checkbox"/> | Partner <input type="checkbox"/> | Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> |
| | Marital Status: Married <input type="checkbox"/> | | Single <input type="checkbox"/> | Seperated <input type="checkbox"/> Divorced <input type="checkbox"/> |
| Nationality | <input type="text"/> | | Tel/Mobile <input type="text"/> | |
| E-mail | <input type="text"/> | | | |
| Residential Address (No P.O. Box) | <input type="text"/> | | | |
| | <input type="text"/> | | | |
| Landmark | <input type="text"/> | | LGA | <input type="text"/> |
| City | <input type="text"/> | | State | <input type="text"/> |
| Means of Identification: | Driver's ID <input type="checkbox"/> | National ID <input type="checkbox"/> | Int'l Passport <input type="checkbox"/> | Voter's Card <input type="checkbox"/> |
| Issue Date | <input type="text"/> / <input type="text"/> / <input type="text"/> | Expiry Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Identification Number | <input type="text"/> | | BVN | <input type="text"/> |
| Spouse's Name | <input type="text"/> | | | |
| Spouse's Mobile | <input type="text"/> | | TIN | <input type="text"/> |
| 3. Title | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Miss <input type="checkbox"/> | Others (please specify) <input type="text"/> |
| Name | <input type="text"/> | | | |
| | Surname | First Name | Other Names | |
| Designation | Director <input type="checkbox"/> | Owner <input type="checkbox"/> | Partner <input type="checkbox"/> | Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> |
| | Marital Status: Married <input type="checkbox"/> | | Single <input type="checkbox"/> | Seperated <input type="checkbox"/> Divorced <input type="checkbox"/> |
| Nationality | <input type="text"/> | | Tel/Mobile <input type="text"/> | |
| E-mail | <input type="text"/> | | | |
| Residential Address (No P.O. Box) | <input type="text"/> | | | |
| | <input type="text"/> | | | |
| Landmark | <input type="text"/> | | LGA | <input type="text"/> |
| City | <input type="text"/> | | State | <input type="text"/> |
| Means of Identification: | Driver's ID <input type="checkbox"/> | National ID <input type="checkbox"/> | Int'l Passport <input type="checkbox"/> | Voter's Card <input type="checkbox"/> |
| Issue Date | <input type="text"/> / <input type="text"/> / <input type="text"/> | Expiry Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Identification Number | <input type="text"/> | | BVN | <input type="text"/> |
| Spouse's Name | <input type="text"/> | | | |
| Spouse's Mobile | <input type="text"/> | | TIN | <input type="text"/> |

EMERGENCY CONTACT DETAILS

Emergency Contact Name

Contact Address

Landmark LGA

City State

E-mail

Mobile Number Sex: Male Female

EXISTING LOANS WITH GADOL FINANCIAL SERVICES LTD/OTHER LENDERS

1. Name of Lender

Repayment Amount

Type of Loan

Expected Repayment Date / /

Repayment Frequency Weekly Monthly Quarterly

Current Outstanding Expected Payoff Date / /

2. Name of Lender

Account No. with other Bank Repayment Amount ₦

Type of Loan

Expected Repayment Date / /

Repayment Frequency Weekly Monthly Quarterly

Current Outstanding Expected Payoff Date / /

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APPROVED FACILITY TERMS

Facility Tenor Periodic Repayment Amount (for Term Loan)

Approved Lending Rate (%) First Date of Payment / /

DOCUMENTATION CHECKLIST

| | | | |
|--------------------------------------|--|-----------------------------------|--|
| Proof of Identity of Directors: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Credit Bureau Check | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Certificate of Incorporation: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evaluation (Collateral Form) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Six Months Bank Statement: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Terms and Conditions Duly Signed | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Address Verification - Utility Bill: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Other Copies of Company Documents | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Amount Approved Commitment Fee (1% of loan)

Management Fee (1% of loan) Others

Relationship Manager _____ Sign/Date: _____

Credit Analyst: _____ Sign/Date: _____

Head Credit _____ Sign/Date: _____

Legal/Coy. Sec. _____ Sign/Date: _____

Internal Control _____ Sign/Date: _____

E.D. Marketing and Strategy: _____ Sign/Date: _____

MD/CEO _____ Sign/Date: _____

