

57, Lake Chad Crescent, Maitama District, Abuja.

+234 (0) 803 249 8240, +234 (0) 809 849 8240, +234 (0) 703 948 2111

INDIVIDUAL LOAN APPLICATION FORM

PLEASE COMPLETE IN BLOCK LETTERS PERSONAL DETAILS																											
PERSONAL DETAILS					1									_	_									_			
Gender	Male						Female						BVN														
Title	Mr.	Mr. Mrs.						Miss			(Others	(pl	ease	speci	fy)											
Marital Status	Mar	ried			Single						Sep	arate	d			Divo	rced										
Name	Suri	name	9										First Na	ame									Oth	er Na	ames		
Maiden Name													Dat	e of	Birt	h	ļ	D	D	/	M	M	/	Y	Y	Y	Y
Tel/Mobile Number												Nationality															
State of Origin													LGA of	Orig	in												
E-mail																											
Means of Identification:		Driv	er's	: ID				Nati	onal I	D/N	/NIMC			Int	'l Pas	sspor	t				Vot	er's Card					
Issue Date	D	D	/	Μ	M	/	Y	Y	Y	Y		Expi	ry Date		D	D	/	M	Μ	/	Y	Y	Y	Y			
ID Number														TIN	1												
LOAN DETAILS																											
Purpose of Loan																											
Loan Amount	N												Tenor o	of Lo	an												
Account Number													Bank to	Cre	dit												
Account Name:																											
Security Tendered for Collateral																											
Interest Rate (%):								Pavr	nent :	Sour	ce.																
Repayment Mode:								, -						1	1												
Interest Monthly:			Prir	ıcipa	al bac	kend	1:]	Inte	erest	/Prin	cipal M	onth	ıly:			Inter	est/	Prin	cipa	ıl Ba	cken	d:			
IRREVOCABLE AUTHORITY I 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 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. USE OF CREDIT BUREAU 1. Gadol Financial Services Limited will approach a dedicated Credit Reference Agency for a credit report on the Applicant in considering any application for credit. 2. The Borrower authorizes the Gadol Financial Services Limited to access any information available to it as provided by the Credit Agency. 3. The Borrower also agrees that his/her details and the loan application decision will be registered with the Credit Agency. 4. In the event the Borrower wishes to access the credit report, Gadol Financial Services Limited will advise the Borrower of the contact details of the relevant																											
DECLADATION																											
DECLARATION I hereby apply for a credit facilit facility granted by Gadol. I accep that the Finance Company may, without any notice to me, at whi my knowledge.	t and at its	d agr	ee to olute	be dis	boun creti	ıd by on, te	the T ermin	erms ate th	& Co nis loa	nditi n ag	ons a	and h	ereby a complet	ccer ely o	ot my or pa	/ liabi rtially	lity i y for	o Gad bread	dol F ch of	inan f any	cial of t	Serv he T	rices erm	Ltd. s & C	I un Condi	ders tion	tand s
Name																											
	Su	ırnan	ne				ı	·	1	Firs	st Na	ime		1	1				Oth	er N	ame						
Signature							_		D	D	/	М	M /	Y	Y	Y	Y										
In the event that the amount I question I authourize Gadol to conta	ct m	e bef	ore	cred	liting	my/	our a	ccour	nt.	or (p	leas	e tick	only on	іе ор	otion)											

EXISTING LOANS WITH GADOI	L FIN	ANC	IAL	SER	VICE	S LT	D/01	HER	LEN	DERS																	
1. Name of Lender												I					T										
Amount borrowed	N																										
Type of Loan																											
Expected Repayment Date			D	D	/	M	M	/	Y	Y	Y Y																
Repayment Frequency		Wee	ekly				Mon	hly		Щ	Qι	ıart	erly				_						-				
Current Outstanding											E	xpe	cted P	ayoff	Date		I)	D	/	M	Μ	/	Y	7	Y	
2. Name of Lender																											
Repayment Amount	N																										
Type of Loan																											
Borrower's Signat	ure					-							D	D	/ <u>N</u>	1 1	A.	/	Y	Y	Y	Y					
EMPLOYMENT DETAILS																											
											-	_		1		-	_	-,	-	1						-	_
Employer	닏								<u> </u>			_							_		_						_
Office Address (No P.O. Box)																											
Designation																											
Employment Type		Full	Tin	ne				Part	time]	Retire	d		S	Self E	Emple	oyed	i							
Landmark															City												
State]	LGA														
Date of Employment	D	D	/	Μ	M	/	Y	Y	Y	Y		M	Ionthl	y Sal	ary	4	4										
SUPERVISOR																											
Designation													Staff II)													
Employer/Supervisor Mobile No FOR OFFICIAL USE ONLY APPROVED FACILITY TERMS).																										
APPROVED FACILITY TERMS Facility Tenor										1	Dario	dic I	Repayı	ment		4	J			1						Ŧ	
racinty renor													(for Te		oan)	Ī	<u> </u>							!_		- 1	
Approved Lending Rate (%)											First I	Date	of Pa	ymen	t		I)	D	/	M	Μ	/	Y	7	Y	
DOCUMENTATION CHECKLIST					i		•			_													_				
Proof of Identity:		Y	es				No			<u></u>	C	redi	t Bure	au Cl	neck							Yes	L		No	L	
Six Months Bank Statement:		Y	es				No				E	valu	ation	(Colla	ateral I	Form)					Yes			No		
Address Verification - Utility Bill	l:	Y	es				No				T	erm	s and	Cond	itions l	Duly	Sign	ed				Yes			No		
Amount Approved	N												nitme of loan		9	4	4										
Management Fee (1% of loan)	N										-	ther		IJ		4	1										
Collateral Type																											
Relationship Manager	,										_		Sig	gn/Da	nte:		_										
Credit Analyst	-										_		Sig	gn/Da	ate:		_										
Head, Credit											_		Sig	gn/Da	ite:		_										-
Internal Control	-										_		Sig	gn/Da	ite:		_										-
E.D. Marketing/Strategy (Where applicable)	-										_		Sig	gn/Da	ite:		_										
MD/CEO (Where applicable)		_									_		Sig	gn/Da	ite:		_										

ADDRESS VERIFICATION

Name																											
	Surname First Name																Oth	er N	lame	•							
Address Visited (No P.O. Box)																											
		_			!											!											
Home Address P.O. Box)	(No																										
																									 <u> </u>		
Description of Address																											
	ddress Verified by:													/Date											 _		
Head Marketing										Sign/Date:																	