

Individual Facility Application Form for Financing

"Should be translated into local language if required"

To be completed by Customer or Facility Manager if required.

A. Personal details

Customer Name _____

Customer Account No: _____ Mobile _____

TIN Number _____ Home Address _____

❖ Copy of ID to be Provided (National Identity Card/ Passport)

B. Employment Details

Name of Employer: _____

Employers Address: _____

Nature of Employment: Permanent Contract Status: Confirmed Unconfirmed

Length of Service: _____

Annual Income: _____ Net Income: _____ Payment Date: _____

C. Request Details

Facility Amount GMD _____ Proposed Tenor of the facility: _____

Down payment/ Equity Contribution: _____

Purpose.....

Salary Domiciliation/Undertaken YES NO

D. Financing (Asset Purchase Only)

Description of the Asset: _____

Vendor Name and address: _____

Vendors Phone No: _____ Location of Asset: _____

For Auto finance: Mark/ Model _____

Delivery Mode: Pick up at Vendors Delivery by Vendor

Quotation/Invoice Enclosed: YES NO

E. Financing (Home Financing Only)

Type of Property: Completed Under Construction Off Plan

Detail Description of the Property: _____

Name, Address and Developer _____

Type of Title Document: C of O Leased Titled Alkalo Transfer others (Specify)

Location of the Property _____

Financing (Purchase Service Only)

Details Description of the Service: _____

Service Provider Name and Address: _____

Service Provider's Phone No: _____

Quotation Enclosed: YES NO:

Delivery Mode: Service Provider Location Customer's Location Other Specify

F. Guarantee

Guarantors (individuals) Guarantors (legal entities) Property Cash Cover

Applicant's signature _____

Date of facility application _____

FOR OFFICIAL USE ONLY

COMMENTS BY THE RELATIONSHIP MANAGER

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RECOMMENDATIONS BY THE HEAD OF RETAIL BANKING

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S/N	APPROVING AUTHORITY	NAME	A	D	SIGNATURE	DATE
1	RELATIONSHIP MANAGER					
2	HEAD OF RETAIL BANKING					
3	HEAD OF CREDIT RISK MANAGEMENT					
4	MANAGING DIRECTOR					