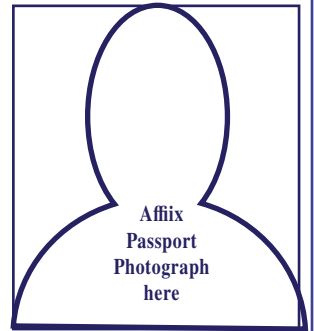


SALARY LOAN APPLICATION FORM



THIS FORM SHOULD BE COMPLETED IN CAPITAL LETTERS

PERSONAL DETAILS

Title: Mr Mrs Miss Others

Surname

First Name

Middle Name

Mother's Maiden Name

Gender F M Date of Birth

D	D	M	M	Y	Y	Y	Y

Home Address

Marital Status (Please tick) Single Married Other (Please Specify)

Place of birth

Bank Verification Number

CONTACT DETAILS

Residential Address

Street Number Street Name

City/Town

Nearest Bus Stop Phone Number

Email Address

EMPLOYMENT DETAILS

Employer's Name

Employer's Name/ Employment Address

Street Number Street Name

City/Town

Nearest Bus Stop/ Landmark

Local Govt Area State

Nature of Business/ Occupation

Office Phone Number Date of Employment

D	D	M	M	Y	Y	Y	Y

Annual Salary Net Monthly Salary

Number of dependants NIN

Level of Education SSCE B.Sc/HND M.Sc/M.Ed Others (Please Specify)

Employer's Salary payment date

D	D	M	M	Y	Y	Y	Y

OTHERS DETAILS

Evidence of Pay Slip Yes No

Tenor of the loan

Number of posted cheques

Any loan facility with current employer? Yes No

If yes, state the amount

Any loan with other financial institution? Yes No

If yes, state the amount

VALID MEANS OF IDENTIFICATION

National ID Card National Driver's License International Passport Other (Please Specify)

ID Number

ID Issue Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ID Expiry Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NEXT OF KIN INFORMATION

Name

Relationship

Marital Status Single Married Others

Telephone No.

Contact Address of Next of Kin

ATTESTATION

I hereby confirm that I am applying for the above credit facility and certify that all the information provided by me above and attached hereto is true, correct and complete. I authorize you to make any enquiries you may consider necessary and appropriate for the purpose of evaluating this application.

Full Name: Signature & Date: