

ORILONISE MICROFINANCE BANK LIMITED

AGBENI ROAD, AGBENI MARKET, IBADAN.

INDIVIDUAL LOAN APPLICATION FORM.

ACCOUNT NAME (SURNAME FIRST) _____

BUSINESS NAME: _____

ACCOUNT NUMBER: _____

MANDATORY SAVINGS ACCOUNT NUMBER _____

BUSINESS ADDRESS: _____

HOME ADDRESS: _____

HOW MANY YEARS HAVE YOU SPENT IN THE AREA/COMMUNITY _____

DO YOU LIVE IN YOUR OWN OR RENTED HOUSE: **OWN HOUSE** [] **RENTED HOUSE** [] **FAMILY COMPOUND** []

PHONE NO: _____ NEAREST BUS STOP TO YOUR HOUSE _____

AGE: _____ SEX: _____ MARITAL STATUS: _____

NATURE OF BUSINESS: _____

HOW LONG HAVE YOU BEEN IN THE BUSINESS: _____

ESTIMATED SALES VOLUME PER DAY N: _____

COST OF GOODS AND OTHER EXPENSES: _____

HOW MANY TIMES HAVE YOU ENJOYED THIS FACILITY IN THE LAST THREE YEARS: _____

AMOUNT OF LOAN REQUESTED FOR: _____ REPAYMENT PLAN _____

PURPOSE OF LOAN: _____

SECURITY / COLLATERAL PLEDGE: _____

DESCRIPTION OF THE COLLATERAL _____

ESTIMATED VALUE N: _____

ARE YOU ENGAGED IN ANOTHER BUSINESS OR SALARY JOB: _____ IF YES,

STATE NAME AND ADDRESS _____

NET INCOME/SALARY PER MONTH N: _____

NAME OF CHURCH/MOSQUE _____

ADDRESS OF CHURCH/MOSQUE: _____

NAME OF THE PASTOR/IMAM: _____

YOUR POSITION: _____ YEARS OF MEMBERSHIP _____

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE _____ DATE: _____

SECTION 3: UNDERTAKING

I UNDERTAKE THAT:

I PROMISE TO ABIDE BY THE RULES AND REGULATIONS AND CONDITIONS ATTACHED TO THE CREDIT FACILITY TO BE ADVANCED TO ME. IN CASE OF MY FAILURE TO REPAY THE LOAN GIVEN TO ME AS AT WHEN DUE, THE MANAGEMENT OF **ORILONISE MICROFINANCE BANK** IS AUTHORIZED TO ENGAGE THE SERVICES OF LAW ENFORCEMENT AGENCIES SUCH AS POLICE, **EFCC, ICPC**, CIVIL DEFENSE ETC. TO RECOVER THE BALANCE DUE WITH INTEREST.

CUSTOMER'S NAME

CUSTOMER'S SIGNATURE: DATE:

WITNESS'S NAMESIGN AND DATE.....

SECTION 4: FOR OFFICE USE:

CREDIT OFFICER'S COMMENT:

IN YOUR OPINION CAN THE CUSTOMER MANAGE THE FACILITY EFFECTIVELY? **YES OR NO**

IN YOUR RECOMMENDATION BRIEFLY JUSTIFIES YOUR POSITION ON THE ABOVE BASED ON:

- a) PREVIOUS EXPERIENCES: **(A) EXCELLENT (B) GOOD (C) AVERAGE (D) BAD**
- b) PRESENT STOCK LEVEL: **(A) EXCELLENT (B) GOOD (C) AVERAGE (D) BAD**
- c) ENVIRONMENTAL FACTOR: **(A) EXCELLENT (B) GOOD (C) AVERAGE (D) BAD**

AMOUNT RECOMMENDED.....

NAME: _____ SIGN AND DATE: _____

HEAD OF MARKETING'S COMMENT:

IN YOUR OPINION CAN THE CUSTOMER MANAGE THE FACILITY EFFECTIVELY? **YES OR NO**

IN YOUR RECOMMENDATION BRIEFLY JUSTIFIES YOUR POSITION ON THE ABOVE BASED ON:

- a) PREVIOUS EXPERIENCES: **(A) EXCELLENT (B) GOOD (C) AVERAGE (D) BAD**
- b) CAPACITY TO MANAGE THE FUND: **(A) EXCELLENT (B) GOOD (C) AVERAGE (D) BAD**
- c) ENVIRONMENTAL FACTOR: **(A) EXCELLENT (B) GOOD (C) AVERAGE (D) BAD**

AMOUNT RECOMMENDED.....

NAME: _____ SIGN AND DATE: _____

HEAD OF RISK RECOMMENDATION:

HEAD OF OPERATION RECOMMENDATION:

HEAD OF RECOVERY:.....

HEAD INTERNAL AUDIT RECOMMENDATION:

MANAGING DIRECTOR RECOMMENDATION:

DECLARATION BY THE CUSTOMER

IN CONSIDERATION OF THE LOAN ADVANCE OF N..... GRANTED TO ME BY **ORILONISE MICROFINANCE BANK LIMITED**, I WILLINGLY PLEDGED TO HOLD, IN ADDITION TO THE SECURITY PLEDGE, ALL THE GOODS, STOCKS AND ITEMS NOW STOCKED AND THEREAFTER TO BE STOCKED IN MY SHOP AND ITEMS IN MY HOUSE IN TRUST FOR THE BANK AND SURRENDER THE SAME ON DEMAND.

I FURTHER AGREE THAT FAILURE TO REPAY ANY OUTSTANDING PLUS THE INTEREST DUE, THE BANK SHALL BE AT LIBERTY TO TAKE FULL POSSESSION AND UTILIZE SUCH STOCKS AND ALL GOODS IN MY SHOPS AND ITEMS IN MY HOUSE FOR THE PURPOSE OF REPAYMENT OF THE INDEBTEDNESS OR LIABILITIES AS AFOREMENTIONED. THE BANK SHALL BE UNDER NO OBLIGATION IN RESPECT OF THE GOODS NOR SHALL THE BANK BE LIABLE FOR ANY LOSS ARISING OUT OF SUCH SALES AND OR REALIZATION. ALL LEGAL FEES, STAMP DUTIES AND OTHER EXPENSES ALSO WITH THE DOCUMENTATION, PERFECTION, ADMINISTRATION AND RECOVERY OF THE FACILITY SHALL BE DEBITED TO MY ACCOUNT.

APPLICANT'S SIGNATURE: **DATE:**

WITNESS NAME:

ADDRESS:

TELEPHONE NO: **OCCUPATION:**

SIGNATURE: **DATE:**

