



Personal Loan Application Form

Note: All information being provided should be inserted in **BLOCK** letters.

Request Loan Amount: _____ (\$ _____)

| Personal Detail | Applicant |
|----------------------------------|-------------------------|
| Title | Mr./ Mrs. /Miss |
| Gender | |
| Surname | |
| Middle Name | |
| First Name | |
| Date Of Birth (dd/mm/yyyy) | |
| Identification (passport etc...) | Type: _____ ID #: _____ |
| TRN | |

Reason for Loan: _____

Do you have an existing loan? Yes No

If yes, what is the outstanding balance and when will it end? _____

Address: _____, _____
(Street Name & Number) District

Address (2): _____, _____
City Parish

Length of residence: _____

Phone contact: _____ / _____
Home Phone Cell Phone

Email: _____

EMPLOYMENT INFORMATION

| | |
|---|--|
| Occupation | |
| Employer's Name | |
| Employment Type (full-time, part-time etc.) | |
| Length of Employment | |
| Employer's Address | |
| Employer's Contact Number | |



REFERENCE INFORMATION

1

| | |
|--------------------------|--|
| Reference Full Name | |
| Reference Relationship | |
| Reference Address | |
| Reference Contact Number | |

2

| | |
|--------------------------|--|
| Reference Full Name | |
| Reference Relationship | |
| Reference Address | |
| Reference Contact Number | |

Provide the bank name, branch location, account number and account holder name.

| | |
|----------------------------|--|
| Bank Name | |
| Branch Location | |
| Account Number | |
| Account holder Name | |

_____ (APPLICANT SIGNATURE)

_____ (DATE OF APPLICATION)

OFFICIAL USE ONLY

| | | | | | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|------------|--------------------------|-------------------------|--------------------------|-------------------------|--------------------------|--------------------------------|--------------------------|---------------------------|--------------------------|
| APPROVE <input type="checkbox"/> Amount: _____ | | | | | | | | | | | | | | |
| DECLINE <input type="checkbox"/> Reason: _____ | | | | | | | | | | | | | | |
| Authorized Signature: _____ | | | | | | | | | | | | | | |
| (MANAGING DIRECTOR) | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>3 Payslips</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Validate Identity</td> <td><input type="checkbox"/></td> </tr> <tr> <td>TRN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Passport Picture</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Proof of Address</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Guarantor (if required)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Address Validation</td> <td><input type="checkbox"/></td> </tr> </table> | 3 Payslips | <input type="checkbox"/> | Validate Identity | <input type="checkbox"/> | TRN | <input type="checkbox"/> | Passport Picture | <input type="checkbox"/> | Proof of Address | <input type="checkbox"/> | Guarantor (if required) | <input type="checkbox"/> | Address Validation | <input type="checkbox"/> |
| 3 Payslips | <input type="checkbox"/> | | | | | | | | | | | | | |
| Validate Identity | <input type="checkbox"/> | | | | | | | | | | | | | |
| TRN | <input type="checkbox"/> | | | | | | | | | | | | | |
| Passport Picture | <input type="checkbox"/> | | | | | | | | | | | | | |
| Proof of Address | <input type="checkbox"/> | | | | | | | | | | | | | |
| Guarantor (if required) | <input type="checkbox"/> | | | | | | | | | | | | | |
| Address Validation | <input type="checkbox"/> | | | | | | | | | | | | | |