

# LOAN APPLICATION FORM

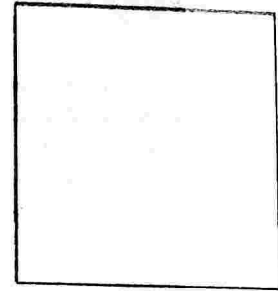
## GRANTS MFB

**HEAD OFFICE**  
SSQ 204 B PHASE 2 OPP. GIFTED SCHOOL,  
GWAGWALADA-ABUJA.  
TEL:09029806712, 03089553587

**BRANCH OFFICE**  
NO 36 ECWA CHURCH ROAD  
GWAGWALADA-ABUJA  
TEL:07086485116

DATE (DD/MM/YYYY)

ACCOUNT NUMBER



PASSPORT PHOTOGRAPH

PLEASE COMPLETE ALL SECTIONS WITH CAPITAL LETTERS (ALL ITEMS ARE IMPORTANT)

APPLICANT NAME \_\_\_\_\_ BVN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

PROPOSED LOAN AMOUNT (IN WORDS) \_\_\_\_\_

AMOUNT (IN FIGURE) \_\_\_\_\_ LOAN DURATION \_\_\_\_\_

PURPOSE OF LOAN \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

OTHER LOANS \_\_\_\_\_ STATE OF ORIGIN \_\_\_\_\_ L.G.A \_\_\_\_\_

ACCT NO.  BANK \_\_\_\_\_ ACCT NAME \_\_\_\_\_

DETAILS OF POST-DATED CHEQUES

ACCT. NAME \_\_\_\_\_ BANK NAME \_\_\_\_\_

ACCT. NO. \_\_\_\_\_ SERIAL NO. RANGE \_\_\_\_\_ NO. OF CHEQUES \_\_\_\_\_

D.O.B  MARITAL STATUS  TEL. NO

TYPE OF ID \_\_\_\_\_ ID NO \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NEXT OF KIN ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ STATE OF ORIGIN \_\_\_\_\_ L.G.A \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**Obligation:** I hereby declare that i have fully disclosed all information relating to my loan obligations with any financial institution or body and undertake that under no condition shall i obtain any payroll deductible loan without written consent from GRANTS MFB for the duration of this loan.

CUSTOMER'S NAME & SIGN \_\_\_\_\_ DATE \_\_\_\_\_

### FOR OFFICIAL USE ONLY

#### APPROVAL

**MCC**

1. Name \_\_\_\_\_ Sign/Date \_\_\_\_\_

2. Name \_\_\_\_\_ Sign/Date \_\_\_\_\_

3. Name \_\_\_\_\_ Sign/Date \_\_\_\_\_

**MD/BCC**

1. Name \_\_\_\_\_ Sign/Date \_\_\_\_\_

2. Name \_\_\_\_\_ Sign/Date \_\_\_\_\_

APPROVED AMOUNT \_\_\_\_\_ AVG SALARY \_\_\_\_\_

FEES(IF ANY) \_\_\_\_\_ INTEREST RATE \_\_\_\_\_

ACCOUNT OFFICER NAME \_\_\_\_\_ SIGN/DATE \_\_\_\_\_

#### CHECKLIST

- ID CARD
- PAY SLIP
- EMPLOYMENT LETTER
- CONFIRMATION LETTER
- INTRODUCTION LETTER
- ADDRESS VERIFICATION
- POST DATED CHEQUE
- COLLATERAL
- CHARGED SAVINGS ACC
- DEED OF ASSIGNMENT
- AUTHORITY LETTER
- STATEMENT OF ACC OF LOANEE & GUARANTOR



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NO 36 ECWA CHURCH ROAD  
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TEL:07086485116

DATE: \_\_\_\_\_

MDA NAME \_\_\_\_\_

MDA ADDRESS \_\_\_\_\_

**The Managing Director,  
Grants Microfinance Bank,  
Gwagwalada, Abuja**

**LETTER OF INTRODUCTION/CONFIRMATION OF EMPLOYMENT**

STAFF NAME: \_\_\_\_\_

STAFF NUMBER/PSN: \_\_\_\_\_ IPPIS NO: \_\_\_\_\_

STAFF DEPARTMENT: \_\_\_\_\_

FIRST APPOINTMENT DATE: \_\_\_\_\_ EXPECTED RETIREMENT DATE: \_\_\_\_\_

GROSS SALARY: \_\_\_\_\_ NET SALARY: \_\_\_\_\_

AMOUNT REQUESTED (IN WORDS): \_\_\_\_\_

AMOUNT REQUESTED (IN FIGURES): \_\_\_\_\_ TENURE: \_\_\_\_\_

MONTHLY REPAYMENT: \_\_\_\_\_

The aboved named staff has requested for loan facility over leaf from Grants Micro finance Bank (GMFB).  
He/She is currently an employee of \_\_\_\_\_  
stationed at \_\_\_\_\_

He/She is employed on a permanent and gratuity terms; has not applied for retirement and he/she is not  
due for retirement in the next 24 months and has no pending disciplinary case.

In case of retirement, termination, transfer, suspension or resignation before full liquidation of the loan,  
serverance or other benefits should be remitted to the Bank.

Kindly grant his/her request for loan facility.

Thank You.

\_\_\_\_\_  
Authorized Signatory and Stamp

\_\_\_\_\_  
Authorized Signatory and Stamp

\_\_\_\_\_  
Name.

\_\_\_\_\_  
Name.



# GRANTS MICROFINANCE BANK LTD.



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TEL:07086485116

## GUARANTORS FORM

### Guarantor's Information

Name of Loan Applicant: \_\_\_\_\_

Guarantors Name (in full) \_\_\_\_\_

D.O.B: \_\_\_\_\_ BVN: \_\_\_\_\_

Nationality: \_\_\_\_\_ State of Origin: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

L.G.A: \_\_\_\_\_

Phone No 1: \_\_\_\_\_ Phone No 2: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Organization Type: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

\_\_\_\_\_

File/Staff No: \_\_\_\_\_

Designation: \_\_\_\_\_

How long have You been employed? \_\_\_\_\_

Net Montly Income From Employer: \_\_\_\_\_

Net Montly Income From other sources: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse State of Origin: \_\_\_\_\_

Spouse LGA: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Any Other Information: \_\_\_\_\_

\_\_\_\_\_

I understand that as a guarantor I am liable to make regular monthly payments if the borrower defaults and i will assume all his liabilities in connection with the loan. I declare that the foregoing is true and correct and that there is no other information I should disclose to Grants Microfinance Bank Ltd. Gwagwalada.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Guarantorship Agreement

I \_\_\_\_\_

hereby stand as guarantor to \_\_\_\_\_

\_\_\_\_\_ my \_\_\_\_\_ who submitted

application for a loan from your bank

(GRANTS MICROFINANCE BANK LTD), Gwagwalada Abu

I understand the implication of being a guarantor with

regards to any financial transaction between the lender

and borrower that in the event of default, I shall take up

liabilities of outstanding loan and interest.

I hereby Guarantee his/her loan and I am also willing

to take up liabilities including but not limited to;

- Charges that may follow as DEFAULT in case of any default.
- Police/Court/Legal action that may arise as a result of default.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Undertaking/Authorization

#### Grants MFB Salary Account Customers

I hereby authorize the bank to debit my account ( domiciled with Grants MFB to offset any outstanding that may arise as a result of default on the part of the borrower

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Other Banks Account Holder

I hereby authorize the bank (Grants MFB) to present my cheques for payment as dated on my cheque leaves submitted to the bank in case of default by the borrower

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Details of Post Dated Cheques Submitted

Account Name: \_\_\_\_\_

Bank: \_\_\_\_\_ Account No: \_\_\_\_\_

Serial No Range: \_\_\_\_\_

\_\_\_\_\_ No. of Cheques: \_\_\_\_\_



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GWAGWALADA-ABUJA  
TEL:07086485116

**GUARANTORS FORM**

**Guarantor's Information**

Name of Loan Applicant: \_\_\_\_\_

Guarantors Name (in full) \_\_\_\_\_

D.O.B: \_\_\_\_\_ BVN: \_\_\_\_\_

Nationality: \_\_\_\_\_ State of Origin: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

L.G.A: \_\_\_\_\_

Phone No 1: \_\_\_\_\_ Phone No 2: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Organization Type: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

File/Staff No: \_\_\_\_\_

Designation: \_\_\_\_\_

How long have You been employed? \_\_\_\_\_

Net Montly Income From Employer: \_\_\_\_\_

Net Montly Income From other sources: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse State of Origin: \_\_\_\_\_

Spouse LGA: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Any Other Information: \_\_\_\_\_

I understand that as a guarantor I am liable to make regular monthly payments if the borrower defaults and I will assume all his liabilities in connection with the loan. I declare that the foregoing is true and correct and that there is no other information I should disclose to Grants Microfinance Bank Ltd. Gwagwalada.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Guarantorship Agreement**

I \_\_\_\_\_  
hereby stand as guarantor to \_\_\_\_\_  
my \_\_\_\_\_ who submit  
application for a loan from your bank  
(GRANTS MICROFINANCE BANK LTD), Gwagwalada A  
I understand the implication of being a guarantor with  
regards to any financial transaction between the lender  
and borrower that in the event of default, I shall take  
liabilities of outstanding loan and interest.  
I hereby Guarantee his/her loan and I am also willing  
to take up liabilities including but not limited to:

- Charges that may follow as DEFAULT in case of default.
- Police/Court/Legal action that may arise as a result of default.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Undertaking/Authorization**

**Grants MFB Salary Account Customers**

I hereby authorize the bank to debit my account ( \_\_\_\_\_ )  
domiciled with Grants MFB to offset any outstanding  
may arise as a result of default on the part of the borrower

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Other Banks Account Holder**

I hereby authorize the bank (Grants MFB) to present  
cheques for payment as dated on my cheque leaves  
submitted to the bank in case of default by the borrower

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Details of Post Dated Cheques Submitted**

Account Name: \_\_\_\_\_

Bank: \_\_\_\_\_ Account No: \_\_\_\_\_

Serial No Range: \_\_\_\_\_

\_\_\_\_\_ No. of Cheques: \_\_\_\_\_



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NO 36 ECWA CHURCH ROAD  
GWAGWALADA-ABUJA  
TEL:07086485118

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

Bank's Copy

Dear Sir/Madam

**OFFER OF LOAN**

We are pleased to advise you that the management of **GRANTS MFB LTD** has approved your request for ₦ \_\_\_\_\_ facility under the following conditions:

Lender: **GRANTS MFB LTD ( 'The Bank' )**  
 Borrower: \_\_\_\_\_  
 Account No: \_\_\_\_\_  
 Facility Type: **Loan** Facility Amount: ₦ \_\_\_\_\_ Tenure: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

Repayment Source: Deduct From Monthly Salary  Cash Deposits  Cash Transfers  Cheque Lodgement

Interest Rate: \_\_\_\_\_% FLAT MONTHLY. Upfront Charges: ₦ \_\_\_\_\_ Initial here \_\_\_\_\_  
 However this rate is subject to conditions & reviews in line with changes in the money market

Repayment Plan	Repayment Amount	Repayment Start Date	Repayment End Date

**Security:** Letter of introduction / confirmation of employment signed by the approved signatories of the organisation/Guarantors, Collateral/Charged Savings.

**Default Clause:** Outstanding repayment after due date shall attract a default fee at the rate of \_\_\_\_\_ and interest at the rate of \_\_\_\_\_ per month until payment is completed. Initial here \_\_\_\_\_

**REPRESENTATIONS AND WARRANTIES** The Borrower represents and warrants that:

1. The Borrower has the right to accept the facility and has taken all necessary actions to authorise the same upon the terms and conditions here.
2. The Borrower is not in default in respect of any loan obligation to any other financial institution: and shall not obtain any payroll deductible loan without written consent of The Lender for the duration of the loan.
3. That the acceptance of this facility will not be or result in a breach of or default under any provision of any other agreement to which the Borrower is a party. Initial here \_\_\_\_\_

**VALIDITY CLAUSE**

This offer will lapse at the instance of Bank if not accepted within fourteen (14) days from the date of this letter. The Borrower will acknowledge acceptance and receipt of the loan by signing this offer and the agreement over leaf or by imprinting his or her left thumbprint on every page of this document and return same to us. Initial here \_\_\_\_\_

**UNDERTAKING/AUTHORIZATION**

The Borrower authorizes the bank to present his/her cheques submitted to the bank, for payment and/or debit his/her account domicile with Grants MFB to offset any outstandings. Initial here \_\_\_\_\_

Yours Faithfully

FOR: **GRANTS MICROFINANCE BANK LTD**

\_\_\_\_\_  
AUTHORISED SIGNATORY

\_\_\_\_\_  
AUTHORISED SIGNATORY

**ACCEPTED BY THE BORROWER**

**GUARANTOR (1)**

**GUARANTOR (2)**

Name: \_\_\_\_\_  
Signature and Date: \_\_\_\_\_  
Address: \_\_\_\_\_

NAME: \_\_\_\_\_  
SIGN/DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
SIGN/DATE: \_\_\_\_\_



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NO 38 ECWA CHURCH ROAD  
GWAGWALADA-ABUJA  
TEL:07086485116

Bank's Copy  
**LOAN AGREEMENT**

**1. THE LOAN**

- 1.1. The Loan amount overleaf shall be made available by direct payment into borrower's account with the bank .
- 1.2. The Borrower will acknowledge receipt of the loan by signing this document or by imprinting his or her left thumb print on this document and the offer overleaf.

Initial here .....

**2. INTEREST**

- 2.1 The Bank will charge interest on the loan amount at the rate stated in the offer letter, and the interest rate will be fixed for the period of the loan. If the Borrower fails to pay any amount which the Borrower owes the Bank in terms of this agreement on the due date of such amount, Grants MFB shall be entitled to charge default fee of ..... per month and interest of ..... per month on the amount the Borrower has not paid.

Initial here .....

**3. PAYMENT**

- 3.1 The Borrower must pay the loan as stipulated on the offer letter over leaf
- 3.2 The Borrower agrees that the Bank shall have the right to deduct the monthly instalment in full as set out in the offer letter directly from the Borrower's income source or salary as a deduction from his or her employer's payroll.
- 3.3 The Borrower hereby gives The Bank the right to deduct monies owing to it from any unpaid wages or any other remuneration credits payable to the Borrower if the Borrower leaves the service of his/her employer for any reason before the total amount repayable under this offer has been paid.
- 3.4 The Bank can use the money paid by the Borrower to pay first legal and other costs, then interest and then the actual loan amount.
- 3.5 In the event of the Borrower's death or permanent disability, the Borrower and/or his/her guarantor will be liable for the repayment of any outstanding limited to his/her terminal benefit/gratuity or any other disclosed or undisclosed entitlement from his employer.

Initial here .....

**4. COSTS AND CHARGES**

- 4.1 The Borrower agrees that, if The Bank has to use lawyers, Debit Recovery Agents and/or Other Consultants because the Borrower has not carried out any part of this agreement, the Borrower will pay The Bank all the costs incurred by the Lender.

**5. EVENTS OF DEFAULT**

The occurrence of any of the following events shall cause all outstanding under this agreement, together with any penalty, interest and all other charges and expenses owing to The Bank by the Borrower to become immediately due and payable to the Bank.

- i. Any failure by the Borrower to pay amount which owes of this agreement full and on time
- ii. Any claim that the Borrower has failed to carry his her duties under this agreement,
- iii. Any situation that arises which in the Bank's opinion makes it inappropriate to continue to extend the Facility to the Borrower

Initial here .....

The Bank shall be entitled to terminate this Agreement and claim and/or recover from the Borrower any damage/losses it may have suffered as consequences.

Initial here .....

**6. GENERAL**

- 6.1 This agreement and the offer over leaf is the whole agreement between The Bank and the Borrower. It cannot be changed unless the change is put into writing and signed by both The Bank and the Borrower
- 6.2 The Borrower is not in default in respect of any loan obligation to any other financial institution; and shall not obtain any payroll deductible loan without written consent of The Bank for the duration of this loan.
- 6.3 All consents, licenses, approvals, authorisations of any governmental authority, bureau, or agency etc., required in connection with the executive, delivery performance, validity or enforce ability of this facility shall be obtained by the Borrower and the originals thereof delivered to the Bank and the conditions contained therein or otherwise applicable thereto shall at the appropriate time be complied with or fulfilled.  
The costs of obtaining such approval etc shall be borne by the borrower.
- 6.4 The Borrower gives The Bank permission to register details of the conduct of the Borrower's account with any credit bureau, and the Borrower waives any claims he or she may have against The Bank respect of such disclosure
- 6.5 Disbursement is subject to provision of letter of employment and confirmation, availability of funds as well as CBN Regulation.

Initial here .....

I confirm that I have read, understand and agree to the above terms and conditions. I also authorize my employer to deduct monthly instalments of N..... from my salary until the loan has been fully paid and to recover any outstanding instalments against my terminal dues in the event of termination of employment before the loan is fully recovered.

Name & Signature: .....

Date: .....



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## CUSTOMER ANALYSIS

Name.....  
 Account No..... Marital Status.....  
 Office Address: .....  
 Home Address: .....  
 Outstanding Loan Balance: .....  
 Purpose of loan.....  
 Loan Amount..... Loan Tenor:.....  
 Loan Type: .....  
 Source of Repayment: .....

Character of Loanee: Able and Willing  Unable and Willing  Able and Unwilling   
 Unable and Unwilling

## REPAYMENT ANALYSIS

### PRICING

Interest Rate.....  
 Management Fee.....  
 Processing Fee.....  
 Legal Fee.....  
 insurance Fee.....  
 Credit Life Cover.....  
 Form/Card.....  
 Total Upfront Charges.....

*(This section contains faint, illegible text and lines, likely representing a signature area or additional analysis notes.)*



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**RISK IDENTIFICATION (tick as appropriate)**

Fund diversion:	Likely <input type="checkbox"/>	Not likely <input type="checkbox"/>
Fund mismanagement:	Likely <input type="checkbox"/>	Not likely <input type="checkbox"/>
Questionable:	Likely <input type="checkbox"/>	Not likely <input type="checkbox"/>
Authorized Signatory on all documents and Instruments	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**RISK MITIGATION**

a) Controllable Factors:.....  
.....

b) Uncontrollable Factors:.....  
.....

Appraisal Officer:.....  
Signature/Date.....

**JUSTIFICATION FOR RECOMENDATION**

QUALIFIED  NOT QUALIFIED

**APPROVAL**

Amount Requested:.....  
Amount Approved:.....

**1st Level Approving Officer**

Name:.....  
Signature..... Date:.....

**2nd Level Approving Officer**

Name:.....  
Signature:..... Date:.....