



**APPLICATION FOR CREDIT FACILITIES
(TRADER)**

1. Name of Applicant:

- (a) Individual:
- (b) Partnership:
- (c) Limited Liability Company:
- (d) Co-operative Society:

2. Address:

- (a) Business Address:
.....
- (b) Residential Address:
.....
- (c) Permanent Home Address:
.....

3. Name of Business

GSM No
Tel: Fax.....

4. Banker (If any):

- (a) Name:
- (b) Address:
- (c) Account Name: Account No.

**5. Any previous Loan from this Bank or other Banks or other organization?
(Yes)/ (No). If yes, state:**

- (a) Name of Institution/Bank:
- (b) Amount ₦..... Date granted.....Expiry Date.....

6. Facilities Required:

Loan, overdraft, or others (Specify):

7. How Long have you been in Business?

:



8. **Nature of Business:**
9. **Is your Shop/Store a Direct Allocation or Rental**.....
10. **Date Account was opened with the Bank:**
11. **What was your initial capital:**
12. **When did you start your business :**
13. **What is your Average sale per:**
14. **Membership of any Cooperative? (State which Cooperative)**.....
.....
15. **Any other source of income? Please state**
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16. **Details of Security offered and value**
 - (a) Cash in Bank:
 - (b) Landed property:
 - (c) Guarantor:
 - (d) Others (Specify)
17. **Detailed Purpose of Loan and amount requested:**
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.....
.....
18. **Tenor of proposed Loan:**
19. **Repayment Schedule:**
20. **Location of Business:**
-
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21. **How frequent do you replenish your goods**

22. **How long have saved with the bank?**

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23. **What is your savings plan? Please underline appropriately.**

- a. Daily contribution
- b. Bank Account
- c. Self Keeping
- d. Hasusu/Adache

24. **Are you ready to do all your business transactions with the bank? If No Reasons**

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.....

25. **Briefly describe the goods in your store?**

.....
.....

26. **Do you sell goods on credit?** Yes/No

27. **Do you buy goods on credit?** Yes/No

28. CORPORATE/ORGANISATIONAL ASSESSEMENT

(1) Name of **MD/CEO**.....

(2) Educational background (if any)

a. Discipline

b. Institution Attended with dates

(3) State of Origin/ Nationality.....

(4) No. of shares capital

(5) Marital Status

(6) Number of Spouse/ Children (if any)

a. NAMES OF DIRECTORS/ MANAGEMENT TEAM/ SHAREHOLDERS

Director 1

(1) Name of Director

- (2) Educational Background
 a. Discipline
- b. Institution Attended with dates
- (3) State of Origin/ Nationality



- (4) No. of shares capital
- (5) Marital Status

Director 2

- (1) Name of Director
- (2) Educational Background
 a. Discipline
- b. Institution Attended with dates
- (3) State of Origin/ Nationality
- (4) No. of shares capital
- (5) Marital Status

29. OTHER MANAGEMENT TEAM/ SHAREHOLDERS

NAMES

- a. d.
- b. e.
- c. f.

30. OTHER CORPORATE INFORMATION

1. Total Share Capital of the company
2. Date of Business incorporation/ Registration
3. Do you have any other business?
 Yes/ No
 If Yes, state: a. b. and
 Clearly, provide us with a recent cash flow (Last 6 months) of your business;

Cash flows	Inflows/ Income	Outflows/ Expenses
Month 1		
Month 2		

Month 3		
Month 4		
Month 5		
Month 6		
Total		



4. State All Asset of the company (including floating & fixed)

- a. c.
b. d.

5. Who are your Target Market/ Customers; (please tick)

- a.** Trader **b.** Individual **c.** Corporate bodies **d.** Institution
e. Ministries/Parastatals **f.** Other specify

6. What Economical or Market constraints do you have in your business?

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Declaration by Applicant:

- (a) I/We hereby apply for the facility as detailed above and undertake that if made available it will be utilized only for the purpose described under in this application.
- (b) I/We hereby confirm that the person and financial particulars which I/We have freely given are to the best of my/our belief true and accurate. I/We agree that any material changes in these particulars will be communicated to the Bank immediately.

Signature of Applicant:

****If a limited liability company attached the Names of all Directors of the Company, photocopies of Memorandum and Articles of Association and Certificate of Incorporation, etc. If a registered trade name, attached the names of the partners or sole proprietor and a copy of Certificate of Registration and partnership.***



NB: If individual borrowers, kindly attach a copy of your account statement for the past six months, business plan/projection and feasibility report (marketability, income, competition and expected turn over).

FOR BANK USE ONLY.

Account Officer

Recommendation

Customer Service Officer;

Account documentation complete? Yes/No

If No, documentation outstanding

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.....

Date Account opened?

Name of Officer

Signature/Date

