

APPLICATION FORM

PARTICULARS OF APPLICANT

Please fill this form in **BLOCK LETTERS**

PASSPORT
PHOTOS
(2 COPIES)

Title: Mr. Mrs. Miss Ms Other

Full Name:

Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Marital Status: Married Single Divorced

Home Address:

<input type="text"/>
<input type="text"/>

How long have you lived at your present home address?

Phone Number: Mobile Number:

E-mail Address:

Name of Employer:

Employer's Address:

<input type="text"/>
<input type="text"/>

Employer's Phone No:

Designation/Present Grade: Length of time with present Employer:

Next of Kin: Relationship to you

Address of Next of Kin:

<input type="text"/>
<input type="text"/>

Phone No of Next of Kin:

DETAILS OF OTHER OUTSTANDING FACILITIES

NAME OF BANK	ACCOUNT TYPE	FACILITY TYPE	FACILITY AMOUNT	REPAYMENT AMOUNT	EXPIRY	SECURITY/ COLLATERAL

(If necessary, please attach a sheet for more information)

SERIAL NUMBER:

B

FACILITY REQUEST

Description/Type of Item:

Cost of Item: Vendor's Name:

Vendor's Address:

Facility Amount: Repayment Mode:

Sources of Repayment:

Guarantor's (1) Name:

Guarantor's Address:

Guarantor's Signature: Date:

Guarantor's E-mail Address:
(Personal Guarantee form be attached)

Guarantor's (2) Name:

Guarantor's Address:

Guarantor's Signature: Date:

Guarantor's E-mail Address:
(Personal Guarantee form be attached)

Applicant's Signature: Date:

SERIAL NUMBER:

Input field for SERIAL NUMBER with a 'C' logo on the right.

ASO GAP CONSUMER FACILITY APPROVAL SHEET

Account Number: [Grid of 20 empty boxes]

Item being financed: [Grid of 20 empty boxes]

Facility Amount: [Grid of 20 empty boxes]

Monthly/Quarterly Repayment: [Grid of 20 empty boxes]

Tenor: [Grid of 10 empty boxes]

Effective Date: [Grid with labels D, D, M, M, Y, Y, Y, Y]

Maturity Date: [Grid with labels D, D, M, M, Y, Y, Y, Y]

KYC by: [Grid of 10 empty boxes]

Signature: [Empty signature box]

Guarantor's Confirmed By: [Grid of 10 empty boxes]

Signature: [Empty signature box]

Account Officer: [Grid of 10 empty boxes]

Signature: [Empty signature box]

Date: [Grid with labels D, D, M, M, Y, Y, Y, Y]

Branch Manager: [Grid of 10 empty boxes]

Signature: [Empty signature box]

Date: [Grid with labels D, D, M, M, Y, Y, Y, Y]

Group Head: [Grid of 10 empty boxes]

Signature: [Empty signature box]

Date: [Grid with labels D, D, M, M, Y, Y, Y, Y]

Risk Management: [Grid of 10 empty boxes]

Signature: [Empty signature box]

Date: [Grid with labels D, D, M, M, Y, Y, Y, Y]

Legal: [Grid of 10 empty boxes]

Signature: [Empty signature box]

Date: [Grid with labels D, D, M, M, Y, Y, Y, Y]