FIRST HERITAGE MICROFINANCE BANK NIG. LTD

APPLICATION FORM FOR LOAN/OVERDRAFT FACILITY

FORM NO: ……..

Name of Applicant _____

Account Number: _____ Age of the Account_____

Phone No. _____Occupation: _____

Present/Previous Banker: _____BVN_____

Business Address: (Not P.O. Box) _____

Tenor: _____

Partnership: Name & Address of Partners _____

Type of Facility Applied for: _____Amount Applied for: _____

Purpose of Overdraft/Loan:_____

Terms of Repayment: _____ Security Offered: _____

Name and Address of Guarantors:-

A. Name: _____ Occupation: _____

Age: _____ Business Address: _____

Residential Address: _____

Banker and Account No (*If any)*: _____ Tel. No:_____

Relationship with the Applicant: _____

I hereby guarantee Mr./Mrs./Miss _____ the sum of _____ and if he/she fails to refund the Bank money, the bank shall be at liberty to seize my Salary or any of my properties that cover the repayment of such loan without any resort to any court of law by any party of the seizure. Signature_____

B. Name: _____ Occupation: _____

Age: _____ Business Address: _____

Residential Address: _____

Banker and Account No (*If any)*: _____ Tel No.: _____

Relationship with the Applicant: _____

I hereby guarantee Mr./Mrs./Miss _____ the sum of _____ and if he/she fails to refund the Bank money, the bank shall be at liberty to seize my Salary or any of my properties that cover the repayment of such loan without any resort to any court of law by any party of the seizure. Signature_____

Have you obtained the consent of the Guarantor? _____

Are you presently enjoying from another Bank? _____

What is the limit of the facility? _____

The facility expires on: _____

Kindly note that search would be conducted on your credit history from Credit Bureau.

Name: _____ Signature:_____

Date: _____

FIRST HERITAGE MICROFINANCE BANK NIG. LTD

INFORMATION AND UNDERTAKING OF EMPLOYER APPLICANTS BY THEIR HEADS OF DEPARTMENT OR FINANCE DEPARTMENT ONLY.

I hereby confirm that:

Mr./Mrs./Miss _____ is a bonafide employee of this organization.

His/her length of service in the organization is _____

His/her rank is _____

His/her annual salary is _____

UNDERTAKING:

I hereby declare this Department/Organization undertakes on receipt of a notice of default from the First Heritage Microfinance Bank Nigeria Limited, to enforce repayment of the loan/overdraft of ₦ _____ or any other sum, which may be extended by the Bank to Mr./Mrs./Miss _____ together with the accrued interest.

Name of Department/Organization:
Name of Head: Official Stamp
Rank:
Signature:
Date:

To: Head of Department/ Finance Department
Please complete in duplicate and retain copy for your record.

FIRST HERITAGE MICROFINANCE BANK NIG. LTD

Name and Address of Employers
_____
_____
_____

Name and Address of Applicant
_____
_____
_____

Dear Sir/Madam,

AN IRREVOCABLE AUTHORITY TO EFFECT DEDUCTIONS FROM MY SALARIES, BENEFITS AND OTHER MONETARY ENTITLEMENTS AND TO PAY FIRST HERITAGE MICROFINANCE BANK NIGERIA LIMITED (HMFB)

I have applied for a loan of ₦_____ (Amount in words) _____ only from the Heritage Microfinance Bank Nigeria Limited.

I am guaranteeing a loan of ₦_____ (Amount in words) _____ only to be granted by the First Heritage Microfinance Bank Nigeria Limited to Mr./Mrs./Miss_____

By this letter, I give you my irrevocable authority to deduct from my salaries, benefits, and other entitlements or any sum (S) of money which is the said HMFB shall at any time notify you as being the amount by which the said loan is in default and pay all the money or monies so deducted to the FIRST HERITAGE MICROFINANCE BANK NIGERIA LIMITED at a place and in manner as it shall specify.

For the avoidance of doubt, this authority shall remain in force until such a time the FIRST HERITAGE MICROFINANCE BANK LIMITED shall inform you in writing of the full discharge of my liabilities under an agreement I have entered into with them in respect of the loan.

Thank you.

Yours faithfully,

Signature:_____
Name:_____
Rank/Designation:_____
Dept/Division:_____
Date:_____

FIRST HERITAGE MICROFINANCE BANK NIG. LTD

Our Ref:

GUARANTEE FOR THE PAYMENT OF LOAN/OVERDRAFT

I/We: _____ hereby guarantee as primary obligator and NOT merely as a surety, on behalf of _____ in favour of FIRST HERITAGE MICROFINANCE BANK LTD., the payment, without contestation and upon receipt of the Bank's first written demand of the sum of: _____ (_____).

Therefore, I/we hereby guarantee as Primary Obligator and not merely as surety, on behalf of: _____ the payment to the Bank without contestation and upon receipt of the Bank's first written demand of the sum outstanding against the debtor and should I default, the Bank shall be at liberty to seize any of my personal and movable properties and shall be free to sell such seized properties six days after the seizure without any resort to any court of Law by any party on the seizure.

Any demand to pay up under this guarantee shall be made in writing by the solicitors to the Bank.

Yours faithfully,

_____
Signature

_____
Full Name

Please insert your passport photograph here.