



**Firstallon
Limited**

RC 8443066

15, Shodipe Street,
Yaba. Lagos,
+2348024129932
+2348103145423
Info@firstallon.org
www.Firstallon.org

ASSET FINANCE APPLICATION

NAME:		
ADDRESS:		
EMAIL ADDRESS:		PHONE:
PHONE:	VALID ID TYPE:	ID NO:
EXPIRY DATE:	NEXT OF KIN	: RELATIONSHIP:
EMAIL:	PHONE:	PHONE:
PURPOSE FOR THE LOAN:		
ACCOUNT BANK:		ACCT NUMBER:
CEO BVN:	CEO NIN:	AVERAGE ANNUAL TURNOVER (N):
HOW LONG HAVE YOU BEEN IN BUSINESS?		DO YOU HAVE OTHER LOANS IN THE BANK OR WITH OTHER FINANCE COMPANY(IES) YES/NO:

S/N	ASSET DESCRIPTION	ASSET ID/VIN/REG NO/S/N ETC.	VALUE OF ASSET (N)

I agree and declare that Firstallon Limited and any representative thereof may contact any person listed above to discuss debts owed to Firstallon Limited.
I understand and agree that defaulted cheques will incur an additional 20% charge of the value of the check concerned in addition to other charges that may be incurred in the course of recovering the debt.
I agree to make 40% equity contribution to the purchase of the asset.
I understand that the asset will be purchased in the name of Firstallon Limited and that failure to make repayment in accordance to the schedule will lead to the recovery of the asset and the auctioning of same.
I understand that selling the asset without full liquidation of the loan is a crime and should be treated as such.
I attest that all information provided above is true and authentic and any false information given or stated by me disqualifies me from receiving any service from Firstallon Limited.
I authorize Firstallon Limited to verify this information and/or obtain additional information by securing data from a credit bureau.
By signing this form, I understand and agree to abide by the terms and conditions stipulated by Firstallon Limited.

LOAN AMOUNT N	SIGNATURE & DATE	LOAN DURATION:
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