

LOAN AMOUNT N

PASSPORT

LOAN DURATION:

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

BUSINESS LOAN APPLICATION						
BUSINESS/ COMPANY NAME:						
ADDRESS:						
CEO EMAIL ADDRESS:			CEO PHONE:			
CEO PHONE:	COMPANY RC NO:		CEO GOVT ID TYPE:			
CEO ID NUMBER:	EXPIRY DATE:		CEO NEXT OF KIN:			
RELATIONSHIP:	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:			
	ASSET(S) PLEDGED	,				
S/N	ASSET DESCRIPTION	ASSET ID/	VIN/REG NO/S/N ETC	C.	ESTIMATED FORCED SALE VALUE OF ASSET (N)	
OR CHARACTERS						
GUARANTORS						
FULL NAME:		FULL NAME:				
ADDRESS:		ADDRESS:				
OFFICIAL EMAIL:		OFFICIAL EMAIL:				
· · · · · · · · ·			PHONE:			
			LATIONSHIP:			
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 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 understand it is a criminal action to sell off or destroy the asset used as collateral for the loan before the loan is fully paid down and I authorize Firstallon Limited to treat such action as criminal and take legal action in line with the criminal justice in Nigeria. 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.						

SIGNATURE & DATE