



**Firstallon
Limited**

PASSPORT

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

PERSONAL LOAN APPLICATION

FIRST NAME:	MIDDLE NAME:	SURNAME:
ADDRESS:		
EMAIL ADDRESS:		PHONE:
PHONE:	DOB:	GOVT ID TYPE:
ID NUMBER	EXPIRY DATE:	NEXT OF KIN:
RELATIONSHIP:	PHONE:	PHONE:
ACCT BANK:		ACCT NUMBER:
BVN:	NIN:	MONTHLY NET INCOME
HOW LONG HAVE YOU BEEN IN BUSINESS		DO YOU HAVE OTHER LOANS IN THE BANK OR WITH OTHER FINANCE COMPANY(IES) YES/NO:

REFERENCES

FULL NAME:	FULL NAME:
COMPANY:	COMPANY:
ADDRESS:	ADDRESS:
OFFICIAL EMAIL:	OFFICIAL EMAIL:
PHONE:	PHONE:
RELATIONSHIP:	RELATIONSHIP:

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 face 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 criminal action for my account not to be funded on repayment date and authorizes Firstallon Limited to treat such action as such.

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

GUARANTOR

FULL NAME:	
ADDRESS:	
OFFICIAL EMAIL:	
PHONE(S):	
RELATIONSHIP:	
LOAN AMOUNT(N):	SIGNATURE & DATE
DURATION (Months):	

COLLATERAL

ASSET NAME:	DESCRIPTION:	VIN/IDN:
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FOR OFFICIAL USE ONLY

PASSPORT? YES/NO	GOVT ID? YES/NO	ACCOUNT MGR:
OFFICIAL ID? YES/NO	FORM PROPERLY COMPLETED? YES/NO	UTILITY BILL OKAY? YES/NO
REFERENCES CONFIRMED? YES/NO	SIGNATURE & DATE? YES/NO	STATEMENT OF ACCOUNTS REVIEWED YES/NO
REVIEWED BY:	SIGNATURE & DATE	COMMENT:
APPROVED BY:	SIGNATURE & DATE	COMMENT:

Dr. Olumide Olowokure (MD/CEO), Mrs. Busayo Akogun (Non- Executive Director), Dr. Babafemi Opeyemi Ogundele (Non- Executive Director).