



**Part 3: Business Information (Emerging Businesses Customers)**

Registered Business Name

Registration Number

Trading Name

Business Address

Post Code  City  State

Telephone Number (1)  Telephone Number (2)

Email Address

Email Address

Brief Description of Customer's Business

**Part 4: Loan Request Details (Individual and Emerging Businesses Customers)**

Loan Type (Individuals) Personal Loan  Vehicle Finance  Asset Lease  School Fees Advance  Mortgage  Others (Please specify)

Loan Type (Emerging Businesses) Term Loans  Overdrafts  EB Asset Finance  DSA Loans  Others (Please specify)

Purpose of Facility

Loan Amount (R)

Loan Amount in words (R)

Contribution (if any) (R)  Tenor

Access Bank Account No. 1  Access Bank Account No. 2

\* Repayment Method: Direct Debit  Post Dated Cheques  Bank Standing Order  \* [Please note that this is for individuals whose Salaries are not domiciled in Access Bank ]

**Part 5: Existing Facilities with Access Bank and other Lenders/Employers (Individual & Emerging Businesses Customers)**

S/No	Name of Bank/Organisation (Including Access Bank)	Type of Facility (including Credit Cards)	Repayment Amt	Repayment frequency (monthly, Quarterly, Yearly)	Current Outstanding Balance
1.					
2.					
3.					
4.					
5.					
6.					

## Declarations

### You make the following declarations to us:

The Loan is governed by this application form, and the Terms and conditions attached hereto. The acceptance of your application for a loan shall be at the discretion of the Bank and we shall not be obliged to furnish reasons to you should your application not be accepted. If we accept your application, we will let you know in writing.

1. I/we am/are at least 21 years of age
2. I/we confirm that all the details given in this application are true and complete and I/we understand that these will be used to form the basis of any facility offered.
3. I/we authorise you to conduct any enquiry you consider necessary and appropriate for the purpose of evaluating this application from my/our employer, if any and from any other source to which you may apply including a credit search with one or more credit reference agencies, and confirm that I/we am/are not currently under administration, sequestration, debt review, or a restructuring order.
4. I/we accept that at any time before any facility offered to me/us is completed; Access Bank may withdraw, revise or cancel such offer.
5. I/we am/are aware that the rate of interest and monthly repayments of any variable rate facility granted may be varied from time to time.
6. I/we undertake to notify the Bank immediately in writing of any situation which materially changes the representation of this application, and I/we understand that the Bank may amend or withdraw any offer previously made.
7. I/we understand that Access Bank will disclose my/our details to any Access Bank's insurers, auditors, professional advisers or any persons providing services to Access Bank who have agreed to treat my/our personal details as confidential, or if required to do so by law or any relevant regulatory body, as envisaged by this application form or with my/our written consent.
8. I/we acknowledge that Access Bank may at any time transfer Access Bank's interest in the facility, together with any security I/we give, to any other lender, bank or institution, without

first seeking my/our permission and I/we authorize Access Bank to disclose any information which Access Bank holds/possesses about me/us to such entity.

9. I/We hereby authorise the Bank to disclose any and all information in respect of my/our account to the guarantors for as long as the guarantor's liability of the debt outstands.
10. I/we agree that by taking up all or part of any facility offered by Access Bank on the basis of the information provided on this application form and by signing this form, I/we agree to accept all the conditions set out in Access Bank's facility offer letter. I/we agree that if I/we receive more than one letter, the letter showing the latest date will be that which applies.
11. I/we understand that the Bank may set off any amounts due under the agreement against any sums owing by me/us to Access Bank (whether jointly or severally) and otherwise combine and consolidate all or any of my/our accounts with Access Bank at any branch of the Bank and whether current, deposit, loan or any other nature and whether accounts in my/our name or jointly with others and whether in any other currency. Any currency conversions required to be effected by Access Bank in pursuant to this right shall be effected in accordance with the usual practice of the Bank.
12. I/we have personally completed this application form, or if completed by someone else, have read and checked every answer and I/we have appended my/our signature fully understanding the implication of the wordings and terms so contained.
13. I/we commit that this facility shall not be utilized for any acts of terrorism or other related acts.

I/We hereby confirm my / our application for the above facility and certify that all information provided by me / us above and attached thereto is correct and complete. The facility shall not be utilized for any act of terrorism or other illegal or prohibited acts.  
I / We authorize you to make any enquiry you consider necessary and appropriate for the purpose of evaluating this application.

1. Name of Signatory											
Signature of Applicant						<i>Date</i>					
						(DD MM YYYY)					
2. Name of Signatory											
Signature of Applicant (For Additional Signatory)						<i>Date</i>					
						(DD MM YYYY)					
	Affix Stamp Here										

## SECTION B - EMPLOYEE INTRODUCTION FORM (Individual Customers)

### Part 1: Employee Information (To be completed by employee)

Job Title		Staff ID No.	
Employee's Name			
Office E-mail			
Office Address			
Job Position		Length of Employment	
Date of Employment <small>(DD MM YYYY)</small>			
	Confirmed Status: Confirmed <input type="checkbox"/> Probation <input type="checkbox"/>		
Annual Income (R)		Monthly Income (R)	

**Part 2: Employer Verification (To be completed by employer)**

In consideration of a loan facility request by our employee to Access Bank Plc, we hereby confirm that the above named is an employee of our organization and all information provided by him/her above is correct.

Name of Employer

Address of Employer

1. Name

Designation

Authorized Signatory  Date (DD MM YYYY)

2. Name

Designation

Authorized Signatory  Date (DD MM YYYY)

**SECTION C - DOMICILIATION AGREEMENT (Individual Customers - Optional)**

**Part 1: Employee Authorization (To be completed by employee)**

I \_\_\_\_\_ hereby certify that the above information given by me is correct to the best of my knowledge and irrevocably undertake, covenant and agree that my employer should domicile my salary and allowances to Access Bank Plc. This undertaking shall be a continuing and irrevocable obligation and shall not be withdrawn by me until my obligations, indebtedness or liabilities to the bank have been fully settled, as evidenced by the written consent/confirmation of Access Bank.

Authorized Signatory  Date (DD MM YYYY)

**Part 2: Employer Undertaking (To be completed by employer)**

In consideration of a loan facility request by our employee to Access Bank PLC, we hereby confirm that all information provided by the applicant above is true. We undertake and covenant to domicile his / her salaries and allowances to Access Bank PLC. This undertaking shall be a continuing and irrevocable obligation and shall not be withdrawn by us until the said borrower's obligations, indebtedness or liabilities to you have been fully settled, as evidenced by the written consent/confirmation of Access Bank.

Name of Employer

Address of Employer

1. Name

Designation

Authorized Signatory  Date (DD MM YYYY)

2. Name

Designation

Authorized Signatory  Date (DD MM YYYY)

**Bank Use Only**

Type of Facility    New Facility     Renewal     Top Up Personal Loan

Contract Ref of previous facility (if renewal)

	Name	Date (DD/MM/YYYY)	Signature
Verified by Acct Officer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Confirmed by BM	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CUSTOMER INFORMATION**

Name:	
Account Number:	
Telephone Number:	

**EMPLOYER'S SECTOR (For Individual Customers)**

Please tick as appropriate

- |                                      |                          |                                       |                          |
|--------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Agriculture, Forestry & Fishing      | <input type="checkbox"/> | Professional and Consultancy Services | <input type="checkbox"/> |
| Manufacturing                        | <input type="checkbox"/> | Education                             | <input type="checkbox"/> |
| Construction                         | <input type="checkbox"/> | Health Services                       | <input type="checkbox"/> |
| General Commerce / Trading           | <input type="checkbox"/> | Arts, Entertainment & Recreation      | <input type="checkbox"/> |
| Transportation & Logistics           | <input type="checkbox"/> | Religious Institutions / NGOs         | <input type="checkbox"/> |
| Information & Communication/ Telecom | <input type="checkbox"/> | Power & Energy                        | <input type="checkbox"/> |
| Finance & Insurance                  | <input type="checkbox"/> | Oil & Gas                             | <input type="checkbox"/> |
| Real Estate Activities               | <input type="checkbox"/> | Government / Parastatals              | <input type="checkbox"/> |

**BUSINESS DESCRIPTION (for Emerging Businesses Customers)**

Please give us a brief description of your business in the space provided below;

**Signed by customer:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECKLIST FOR RETAIL LOANS

### Checklist for Consumer Loans (Account Officer's use only)

SN	REQUIRED DOCUMENTS	SALARIED CUSTOMERS	BUSINESS OWNERS
1	Valid means of ID (Driver's license, Int'l passport, National ID, Voter's card)	Yes	NA
2	Staff ID card	Yes	NA
3	Letter of introduction/ confirmation/ last promotion	Yes	NA
4	Letter of salary domiciliation/ domiciliation of receivables	Yes	NA
5	Pro forma invoice made out to Access Bank/Customer (in cases of Vehicle Finance or Asset Lease)	Yes	Yes
6	Last 12 months Account statement (If customer's salary or business proceeds domiciliation is < 6months)	Yes	Yes
7	Board resolution authorizing loan application (if a Limited Liability Company) or a request letter (if a Business Name)	NA	Yes
8	Certificate of incorporation or business registration certificate	NA	Yes
SN APPLICABLE TO MORTGAGE LOAN			
9	Tax clearance for both Bank customer and property seller	Yes	Yes
10	Insurance request form	Yes	Yes
11	Valuation Report	Yes	Yes
12	Title document in the name of the borrower for Equity Release, and in the name of the seller for Home Purchase	Yes	Yes
13	Completed site visit checklist	Yes	Yes

### Checklist for EB Loans (Account Officer's use only)

FOR BUSINESS OWNERS							
SN	EB LOAN REQUIREMENTS	EB SCHOOL LOAN	MEDILOAN	EB ASSET LEASE	EB CASHFLOW	HOSPITALITY LOAN	OTHER GENERIC EB LOANS
1	Duly filled Retail lending Application Form	Yes	Yes	Yes	Yes	Yes	Yes
2	Customer valid ID card, Certificate of Incorporation, CAC 2 and CAC7, MEMART docs.	Yes	Yes	Yes	Yes	Yes	Yes
3	CRMB Check report within the last 3 months	Yes	Yes	Yes	Yes	Yes	Yes
4	CAC corporate search	Yes	Yes	Yes	Yes	Yes	Yes
5	Site visit, Home visit and Area Review Resolution forms	Yes	Yes	Yes	Yes	Yes	Yes
6	Insurance ( Credit Life Insurance, Fire/Burglary, Plant All-Risk and other insurance as applicable)	Yes	Yes	Yes	Yes	Yes	Yes
7	Proforma Invoice (Required for Fixed Asset Finance Only)	Yes	Yes	Yes	Yes	Yes	Yes
8	Equity Contribution (required for fixed asset finance only)	Yes	Yes	Yes	Yes	Yes	Yes
9	Shop allocation paper/property search report (for facilities to be secured with shop/legal mortgage only)	where required	where required	where required	where required	where required	where required
10	Purchase receipts of the collateral assets (for facilities to be secured with fixed assets only)	where required	where required	where required	where required	where required	where required
11	Asset forfeiture agreement (for facilities to be secured with fixed assets only)	where required	where required	where required	where required	where required	where required
12	Approval certificate from NAFDAC (for manufacturers of food items, packaged drinks & water)	N/A	N/A	Yes	Yes	N/A	Yes
13	Current registration of the chief operations/engineering officer by COREN or the association of Consulting Engineers of Nigeria (ACEN) (for SMEs in Engineering)	N/A	N/A	Yes	Yes	N/A	Yes
14	Collateral options - legal mortgage, fixed charge on assets, floating charge on stock (for renewals), transfer of ownership of shop	where required	where required	where required	where required	where required	where required

Checklist for EB Loans (Account Officer's use only)

FOR BUSINESS OWNERS							
SN	EB LOAN REQUIREMENTS	EB SCHOOL LOAN	MEDILOAN	EB ASSET LEASE	EB CASHFLOW	HOSPITALITY LOAN	OTHER GENERIC EB LOANS
15	Completed Application Form (MCF Health intake form)	N/A	Yes	N/A	N/A	N/A	N/A
16	MCF SafeCare Expert Opinion Report (For Mediloans)	N/A	Yes	N/A	N/A	N/A	N/A
17	Bank statement ( > 3months but <12 months can be augmented by other bank's statement)	N/A	Yes	N/A	Yes	N/A	N/A
18	Financial documentation to be provided	N/A	Yes	N/A	N/A	N/A	N/A
19	1 board member must be a Medical Practitioner	N/A	Yes	N/A	N/A	N/A	N/A
20	Persons requesting for loan and operating it must be a licensed practitioner.	N/A	Yes	N/A	N/A	N/A	N/A
21	Accreditation & practice license (only PCN where Practice License is for a Pharmacy and Medical & Dental Council of Nigeria - MDCN where it is a Hospital)	N/A	Yes	N/A	N/A	N/A	N/A
22	Most recent Annual license to practice issued by Pharmaceutical Council of Nigeria to the resident pharmacist (for pharmaceutical companies)	N/A	Yes	N/A	N/A	N/A	N/A
23	Most recent Certificate of registration for retention of business premises issued by Pharmaceutical Council of Nigeria (for pharmaceutical companies only)	N/A	Yes	N/A	N/A	N/A	N/A
24	Qualifying certificate of the chief medical officer (for hospitals/medical centres only)	N/A	Yes	N/A	N/A	N/A	N/A
25	Approval by the Medical and Dental Council of Nigeria (for hospitals/medical centres only) - Approval from the State Ministry of Health can suffice (for Hospitals only)	N/A	Yes	N/A	N/A	N/A	N/A
26	Annual license to practice as a laboratory scientist by medical laboratory science council of Nigeria. (for medical laboratories only)	N/A	Yes	N/A	N/A	N/A	N/A
27	State Government approval/accreditation to run medical laboratory (for medical laboratories only)	N/A	Yes	N/A	N/A	N/A	N/A
28	Evidence of Government License/Approval of school/Letter of accreditation by the state ministry of education (for schools only)	Yes	N/A	N/A	N/A	N/A	N/A
29	School Memorandum and Articles of Association (MEMART)	Yes	N/A	N/A	N/A	N/A	N/A
30	Certificate of registration/incorporation showing that the school is registered as a business entity (for schools only)	Yes	N/A	N/A	N/A	N/A	N/A
31	School must be onboarded and active on the Collection platform before disbursement	Yes	N/A	N/A	N/A	N/A	N/A
32	School must service at least 50 pupils/students	Yes	N/A	N/A	N/A	N/A	N/A
33	School must be a private school (Public schools do not qualify)	Yes	N/A	N/A	N/A	N/A	N/A
34	Valuation on the Business Physical Assets	Yes	N/A	N/A	N/A	N/A	N/A
35	Cashflow Initial Interview Form & Loan Review template (where facility is a Cashflow Loan)	N/A	N/A	N/A	Yes	N/A	N/A
36	Flexible Collateral Options - stock, bill of sale, post-dated cheques, fixed charge on assets	N/A	N/A	N/A	Yes	N/A	N/A