

Tenor(months)

Access Bank Account No. 1

Access Bank Account No. 2

Part 3: Insurance Premium Financing Option

Would you like the Insurance Premium Finance Product as an additional facility Yes No

Insurance Premium Amount

Amount in words

Equity Contribution

Part 4: Employee Information (To be completed by employee)

Job Title

Staff ID No.

Employee's Name

Office E-mail

Office Address

Industry: Oil & Gas Manufacturing Transportation Governmental Parastatal

Others _____

Cadre/Level

Number of Years in Current Employment

Date of Employment (DD MM YYYY)

Confirmed Status: Confirmed Probation

Annual Income (₺)

Terminal Benefits (₺)

Monthly Income (₺)

Salary Due Date (DD MM YYYY)

Part 5: 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 This undertaking shall be a continuing and irrevocable obligation and shall not be withdrawn by me until my obligations, indebtedness or liabilities to the bank have been fully settled, as evidenced by the written consent/-confirmation of Access Bank.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 6: 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 (1) To domicile the salary account of the employee with Access Bank for the entire duration of the facility. (2) To domicile with Access Bank all monetary/terminal benefits due from us to the employee upon the employee ceasing to remain in our employment (3) To inform the bank within two (2) working days of resignation, or transfer or dismissal or termination of the employee. We agree that in the absence of a notification of resignation, transfer, dismissal or termination of the employee, the receipt by the Bank of the employee's terminal benefits along with an advice regarding same shall suffice.

Name

Designation

Authorized Signatory

Date
(DD MM YYYY)

Official Stamp

Name

Designation

Authorized Signatory

Date
(DD MM YYYY)

Official Stamp

Part 7: Existing Facilities with Access Bank and other Lenders/Employers

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.					

