

**BORSTAL MICROFINANCE BANK LTD  
INDEPENDENCE WAY  
KADUNA.**

Date: ...../...../20.....

**APPLICATION FOR CREDIT FACILITIES**

Applicant: Individual [ ] Enterprise [ ] Co-operative Society [ ] Limited Coy [ ] Others [ ]

1) Name of applicant: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

2) Date of Birth: \_\_\_\_\_ Age Last Birthday \_\_\_\_\_

3) Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

4) Address of Applicant:

Home Address: \_\_\_\_\_

\_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

E – Mail Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

(Mobile)

(Tel)

5) Means of Identification: International passport/national ID/Driving License  
No: \_\_\_\_\_

6) Nature or line of business/occupation – others \_\_\_\_\_

7) Name of Next of kin: \_\_\_\_\_

8) Nature of relation: \_\_\_\_\_

9) Address of next of kin: \_\_\_\_\_

Home: \_\_\_\_\_

Office: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

(Mobile)

(Tel)

- 10) Account Type & number (s)  
 Savings: \_\_\_\_\_  
 Current: \_\_\_\_\_  
 Others (specify): \_\_\_\_\_
- 11) Period in relationship: \_\_\_\_\_
- 12) Type of credit facility required: \_\_\_\_\_  
*(Overdraft/Loan/LPO Finance) Asset Finance etc*
- 13) Amount applied: ₦ \_\_\_\_\_ ( \_\_\_\_\_ )
- 14) Purpose: \_\_\_\_\_
- 15) Duration: \_\_\_\_\_
- 16) Source of repayment: \_\_\_\_\_
- 17) Mode of repayment: \_\_\_\_\_  
*(Weekly, Monthly, Quarterly, Yearly)*
- 18) Expiry date: \_\_\_\_\_
- 19) Security arrangement: \_\_\_\_\_

**A) Against real property (equitable / legal mortgage)**

(i) Location of property: \_\_\_\_\_  
 \_\_\_\_\_

(ii) Description of property: \_\_\_\_\_  
 \_\_\_\_\_

(iii) Estimated value: ₦ \_\_\_\_\_ (OMV) N \_\_\_\_\_ (FSV)

(iv) Type of Mortgage: \_\_\_\_\_

**B) Against Hypothecation of Goods**

(i) Brief description of goods under hypothecation: \_\_\_\_\_  
*(Attach list of current Stock)*

(ii) Identification number (if Applicable) \_\_\_\_\_

(iii) Location of Goods: \_\_\_\_\_  
*(Moveable Goods Only)*

Estimated Value: ₦ \_\_\_\_\_ (OMV) N \_\_\_\_\_ (FSV)

**C) Against Domiciliation Of Salary**

Annual basic salary (ABS)	₦ _____	( _____ )
Other Allowances	₦ _____	( _____ )
Amount of salary per month	₦ _____	( _____ )
Total	₦ _____	( _____ )

20) Name of employer (s): \_\_\_\_\_

21) Nature of employment: \_\_\_\_\_

22) Personnel number: \_\_\_\_\_

- 23) Current position with employer: \_\_\_\_\_
- 24) Number of years in service: \_\_\_\_\_
- 25) Expected date of retirement: \_\_\_\_\_

**D) Against Guarantee**

- Type of Guarantee: \_\_\_\_\_  
(State Personal, Corporate or Group)
- 26) Name (s) of Guarantor (s): \_\_\_\_\_
- 27) Address of Guarantor (s): \_\_\_\_\_
- 28) Occupation of Guarantor (s): \_\_\_\_\_
- 29) Signature of Guarantor(s) \_\_\_\_\_ Date \_\_\_\_\_

**ATTESTATION / DECLARATION**

I hereby confirm that the information given above is to the best of my knowledge correct and should be used by the bank to consider my application for a credit facility requested by me. I should be held personally liable and responsible for any information given by me which ends up being found incorrect.

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

**CERTIFICATION BY GUARANTOR (S) OF LOAN APPLICANT**

I/We do hereby confirm that the applicant is our employee and we fully guarantee the loan applied and granted by the Bank. We also undertake to continue remitting his salary to your bank as long as he remains indebted to the bank

Signature: _____	Signature: _____
Name: _____	Name: _____
Designation: _____	Designation: _____
Office stamp: _____	Office Stamp: _____
Date: _____	Date: _____

**REQUIREMENT**

- (a) Certify True copy of your organization identity card
- (b) Letter of introduction from the controller/commandant/principal/head of department etc.
- (c) Latest three (3) months pay slip
- (d) Latest three (3) months statement of account from your bank
- (e) Two personal guarantors with acceptable means of identification
- (f) Authority to debit monthly salary and credit Borstal MFB
- (g) Six leaves of signed post dated cheques of salary account with your bank

**FOR OFFICE USE (ONLY)**

**(A) Account History**

Account Number: \_\_\_\_\_

Date Account Opened \_\_\_\_\_

Present Balance \_\_\_\_\_

Average Balance \_\_\_\_\_

**(B) History Of Three (3) Salaries Received**

<u>Date of Receipt</u>	<u>Month of Salary</u>	<u>Amount Received</u>
------------------------	------------------------	------------------------

- |          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**(C) History Of Three (3) Previous Loans Granted**

<u>Date Of Grant</u>	<u>Amount Granted</u>	<u>Date Adjusted</u>
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- |          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

\_\_\_\_\_  
Relationship Officer (Signature)

\_\_\_\_\_  
Head Marketing (Signature)

**CREDIT APPRAISAL MEMORANDUM (CAM)**

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Head Credit (Signature)

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Head Operation (Signature)

\_\_\_\_\_  
MD/CEO (Signature)

**AUTHORITY TO DEBIT AND PAY BORSTAL MICROFINANCE BANK LIMITED**

I confirm that I have been granted a Credit facility of ₦ .....  
(.....)

by Borstal Microfinance Bank Ltd

This serves as authority to directly debit my monthly salary with Nigeria Prisons Service, Headquarters and pay to BORSTAL MICROFINANCE BANK LIMITED .

**AUTHORITY TO DEBIT MY MONTHLY SALARY**

To : Head Payroll /Accountant/Cashier/Paymaster/Personnel Manager/Director  
of.....

Please deduct and debit my monthly salary as stated below :

- 1.....(₦.....)
- 2.....(₦.....)
- 3.....(₦.....)
- 4.....(₦.....)
- 5.....(₦.....)
- 6.....(₦.....)
- 7.....(₦.....)
- 8.....(₦.....)
- 9.....(₦.....)
- 10.....(₦.....)
- 11.....(₦.....)
- 12.....(₦.....)

And credit same to BORSTAL MICROFINANCE BANK LTD of Prisons Training School Complex, opposite Convict Prison, Independence way Kaduna, Kaduna state.

Authorized by me .....Sign.....

Authorized by: .....

Authorized by: .....

Staff/Service No : .....

Position/Rank: .....

Department: .....

Signature : .....Date: .....

.....  
***Signature/ Official Stamp***

.....  
**HEAD OF CREDIT**

.....  
**MD/CEO**

**BORSTAL MICROFINANCE BANK LTD  
INDEPENDENCE WAY  
KADUNA.**

**GUARANTOR'S FORM**

I .....hereby

*(Full name of the Guarantor)*

Confirm that Mr/Mrs/Miss.....

*(Full name of the Guarantee)*

Is well known to me for over.....Year(s)

I hereby vouch for his integrity and therefore in addition undertaken to indemnify the Bank for any loss it might suffer as a result of default of:

Mr/Mrs/Miss.....my liability is however

Limited to ₦ .....

**PARTICULARS OF GUARANTOR**

Residential Address.....

.....

Business Address .....

.....

Signature.....Phone No.....

Right Hand Thumbprint.....

Date.....

*Photocopy of Guarantor's  
Identity Card is required*

*Guarantor's Passport  
Photograph with Name  
& Signature endorsed behind*

Date..... /...../ 20.....

The MD / CEO  
Borstal Microfinance Bank Ltd  
Independence Way  
Kaduna.

**LETTER OF INTRODUCTION: MR /MRS**

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I am directed to introduce the above named staff of .....  
who is requesting for a credit facility in your bank

Kindly oblige him/her the facility and we confirm that he/she will honour the  
repayment programme and settle the debt as at when due.

We also undertake to continuously monitor the staff until the loan is fully repaid  
to ensure that he or she does not renege on his /her commitment to the Bank.

Thanks.