

OPTICOM FINANCE LIMITED

FACILITY REQUEST FORM (BUSINESS/COMPANY)

Thank you for choosing Opticom Leasing Company Ltd. Please provide the required information below

(Business/Company)

1. Company Name:..... TIN No.:.....

RC No Date Issued:.....

2. Type of Organization: Limited Company Partnership Sole Proprietorship
(Pls tick) State Owned Association

3. Nature/Type of Business: (Pls. tick)

Trading Construction Manufacturing Transportation Others (Please specify):.....

4. (a) Registered Office Address (Not P.O Box):

.....
..... City State

(b) Operating Address (if different from above):

..... City State

Tel No. (s): Email Address:.....

5. Particulars of Directors (In Executive capacity/Business Promoters)

a. Full Name.....

Address:.....

ID No:..... BVN.....

Telephone Nos:..... Email Address:.....

b. Full Name.....

Address:.....

ID No:..... BVN.....

Telephone Nos:..... Email Address:.....

c. Type of facility: Loan Lease Trade Finance
 Project Finance Local Purchase Order Others (Specify).....

d. Security Deposit (Amount):

6. Please state your proposed Security, Collateral or Guarantee:

7. Name and Address of Co-Signatory or Guarantor to this Facility (If any)

Name (Mr./Mrs./Others):

Address:

..... State

ID. No: **BVN:**..... **Tel:**

8. Processing Fee Paid: Receipt No:.....
 (A NON-REFUNDABLE FEE IS CHARGED PER APPLICATION)

9. DECLARATION:

We certify that the above statements are true and complete: and authorise e you to make any enquiries which you may consider necessary for confirmation and credit assessment.

10. Signature(s), Full Name (s), Address(es) of Authorized Signatory/(ies) and Company Stamp or Seal:

Signature: Signature:

Name: Name:.....

Address: Address:

Date: Date:.....

FOR OFFICIAL USE

Verified by: Account Officer:			
.....			
Signature	Name	Date	
Control Officer:			
Signature	Name	Date	