

# OPTICOM FINANCE LIMITED

## FACILITY REQUEST FORM (INDIVIDUAL-IN PAID EMPLOYMENT/SELF EMPLOYED)

Thank you for choosing Opticom Finance Limited. Please fill all required information below.

(ALL INFORMATION PROVIDED WILL BE TREATED AS CONFIDENTIAL)

PLEASE NOTE THAT ALL INFORMATION PROVIDED WILL BE VERIFIED)

### (Personal Details)

Title: Mr./Mrs./Others:.....Surname.....Other Names.....

Date of Birth..... Gender..... Marital Status.....Nationality.....

ID No (Passport or Driver's License):..... Date of Issue: .....

Residential Address: .....

.....

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

Place of Birth:..... Local Govt.:..... State of Origin:.....

Occupation:..... BVN: .....

### Employment Details

Type of Employment (Please tick)    • Paid Employment    • Self Employed

    • Others (Please Specify)..... Sector: .....

Company/Business Address (Not P.O Box) .....

..... State: .....

Tel:..... E-mail:.....

### (Guarantor)

Full Name: (Mr./Mrs./Other).....

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

Resident Address:.....

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

Introduced by:..... Relationship:..... Tel: .....

### Particulars of Bankers

Bank	Branch	Tel. No
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Have you ever taken any Loan/Lease/Overdraft of any kind from a bank or any financial institution?

Yes

No

If yes, please provide the following information:

BANK/FINANCIAL INST.	AMT. OF FACILITY	PURPOSE	DUE DATE /SECURITY OFFERED
a.....	.....	.....	.....
b.....	.....	.....	.....

**Facility Details**

- a. Amount: .....
- b. Duration/ Tenor (in months):.....
- c. Purpose:.....
- d. Type of facility:
  - Loan            • Lease (Finance or Operating)        • Trade Finance
  - Project Finance        • Local Purchase Order        • Others (Specify).....
- e. Security Deposit Amount: .....

Please state your proposed Security, Collateral or Guarantee:

.....

Processing Fee Paid:.....

(A NON-REFUNDABLE PROCESSING FEE IS REQUIRED)

**DECLARATION:**

I certify that the above statements are true and complete and authorize you to make any enquiries which you may consider necessary for confirmation and credit assessment.

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

**FOR OFFICIAL USE**

<b>Verified by: Account Officer:</b>		
.....		
<b>Signature</b>	<b>Name</b>	<b>Date</b>
<b>Control Officer: .....</b>		
<b>Signature</b>	<b>Name</b>	<b>Date</b>