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): .... Expiry Date: …………................................

Residential Address: ……………………………………………………….....................................

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

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

Occupation: .... BVN…………………………… NIN ……………………………...

Business Details

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

State …………Tel.No(s)…………………………Email Address…………………………………….

Guarantor

Full Name: (Mr./Mrs./Others): ………………………………………… …………………………….…….

Relationship: …..……………… ....BVN: …………………………NIN....……………

Residential Address………………………………………………… ....State: …..………...

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

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

Particulars of Bankers

Bank Name	Account Name	Account Number
1. …..……………………..…….	..………………… ….	……………………….
2………………………………..	… … … … … … … ….	… … … … … … … ….

Do you have an existing Loan/Obligation with your banker(s) or any other financial institution? Yes/No

If yes, please provide the following information:

BANK/FINANCIAL INST.	AMT. OF FACILITY& PURPOSE	DUE DATE /SECURITY OFFERED
1.………………………….	………………..………………	……………..........................
2… ……………………....	……………………………………	………………………………..

Facility Details

a. Amount Requested (Naira): ………………………………… (In words) …………………

………………………………………………………………………………………………….

b. Duration/ Tenor (in months) …………………………………….………………………….

c. Purpose: …………………………………………………………………………………….

d. Type of facility:

☐ Loan   ☐ Lease (**Operating or Finance**)   ☐ 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 CHARGED PER APPLICATION)

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

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

FOR OFFICIAL USE

Verified by Account Officer		
………………	…………………………………	……………..
Signature	**Name**	**Date**
By Control Officer …………………	…………………………………	……………..
Signature	**Name**	**Date**