



6, Udeco Medical Road, off Chevron Drive, Chevy View Estate, Lekki, Lagos State.

LOAN APPLICATION FORM

1. Name----- Title-----
(Surname first)

2. Residential Address-----

3. Phone number----- 4. Account number -----

5. Occupation -----

6. Name & Address of Employer -----

7. Ext No----- 8. Date of Employment -----

9. Amount requested for: ----- 10. Tenor -----

11. Reason or Purpose for the loan -----

12. Mode of repayment -----

11. Are you currently on any other loan: Yes/No -----

12. If yes, state outstanding amount and tenor: -----

I hereby confirm I am applying for the above loan and certify that all the information provided by me is true and complete. I hereby authorize CEMCS Microfinance Bank Limited to obtain verification and confirmation of the information provided above in respect of my loan application. I understand and agree that the completion of this Loan Application Form does not automatically guarantee an approval of a loan from CEMCS Microfinance Bank Limited.

Signature of Applicant

Date