

## 5. BUSINESS BANKING DETAILS

1. Bank Name

Account Number  Branch

2. Bank Name

Account Number  Branch

### ANY OTHER FACILITIES

Date	Type of Borrowing (e.g. Loan Overdraft)	Original Amount Borrowed	Bank Name	Outstanding Balance as at Date	Monthly Repayment Value

## RIGHT OF LIEN AND SET-OFF

I/We..... in consideration of Ubuntu Capital Microfinance having granted me/us a loan of GHs..... ("Facility") hereby assign my investment of GHs ..... with Ubuntu Capital Microfinance and instruct that the facility, if not paid by me/us after the agreed term should be paid off from the proceeds in my/our account herein charged.

## CUSTOMER DECLARATION

I / We hereby authorize you to obtain any information you may require in respect of this facility from any source to which you may apply, each source being hereby authorized by me to provide you with such information.

I/We undertake to notify the Ubuntu Capital Microfinance immediately of any situation which materially changes the representation of this application.

I/We hereby authorize the Ubuntu Capital Microfinance to disclose any or all information in respect of my/our account to the guarantors for as long as the guarantors liability of this debt outstands.

I/We confirm that I am / we / are in good health.

All borrowing information shall be submitted to the licensed Credit Reference Bureau under the Credit Reporting Act, 2007 (Act 726)

Ubuntu Capital Microfinance may approve or decline an application for a loan/overdraft facility at its absolute discretion.

Ubuntu Capital Microfinance is not obliged to disclose any reasons for decline or approval of any application.

Applicant's Signature..... Date.....

Co-applicant's Signature..... Date.....



**SUMMIT VISION MICROFINANCE**  
**SERVICES LIMITED**

**BUSINESS ACCOUNT /  
LOAN  
APPLICATION FORM**

Tel: +233 (0) 302 232226 / +233 (0) 302 933076  
Email: [summitvision@gmail.com](mailto:summitvision@gmail.com) / [Info@summitviongh.com](mailto:Info@summitviongh.com)  
Website: [www.summitvisiongh.com](http://www.summitvisiongh.com) Loc.: K.A Mall, Kaneshie

*...Your Business Anchor.*

Category of Business: 

Limited Liability Company

Partnership

Sole Proprietorship

Clubs & Associations

Others

1. COMPANY DETAILS

Business Name

Certificate of Incorporation Registration number

Date of Incorporation / Registration

Country of Incorporation / Registration

Tax Identification Number (TIN)

Business Commencement Date

Type / Nature of Business

Sector / Industry

Postal Address

Physical Business Address

Corporate Business Address / Registered Office (if different from above)

Website (if any)

E-mail

Phone Number (1)

Phone Number (2)

2. LOAN DETAILS

Purpose of Loan

Loan Amount Requested for

Tenure of Loan

Mode of Repayment:

Cash

PD Cheques

Joint Payment

Others

3 (i). KEY CONTACT PERSONS / PRINCIPAL OFFICERS DETAIL

Surname

First Name

Other Name

Date of Birth

Gender

M

F

Residential Permit No. (Foreigners)

Nationality

ID Number

Identification Type: 

Passport

Voters ID

DVLA

NHIS Card

ID Issue Date

ID Expiring Date

Occupation

Job Title

Residential Address

Nearest Landmark

City / Town

Region

Phone Number

Other Phone Number

Email Address

Sign:

(ii). KEY CONTACT PERSONS / PRINCIPAL OFFICERS DETAIL

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First Name

Other Name

Date of Birth

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