



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

INDIVIDUAL  
**INVESTMENT**  
APPLICATION FORM

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**SUMMIT VISION: ...Your Business Anchor**

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**Website:** [www.summitvisiongh.com](http://www.summitvisiongh.com) **Loc.:** K. A. Mall, Kaneshie

*...Your Business Anchor.*

SECTION 1: PERSONAL DATA

New Customer

Existing Customer

(Please complete in block letters)

Section 1: Applicant's / 'Investor' Details

First Name

Middle Name

Surname

Nationality

I.D. number/type

Resident in host country

Yes

No

Country of residence

Date of birth

Gender

Male

Female

Marital Status

Place of birth (Town & Region)

Number of dependants

a. Residential details

Physical address / House number

Town / City

No. of years at residence

Nearest landmark to current Residence

b. Postal Address

P.O. Box

Home tel. no.

Town / City

Email Address

c. Place of worship &amp; Location

d. Contacts details

Mobile number

Other phone no.

If you have lived at your current address for less than 5 years please state your previous address

Accommodation type

Rented

Owned

Other (please specify)

If the property is owned, is it

Owned outright

Freehold

Leasehold

Other

Estimated value of property

Outstanding mortgage

SECTION 2: NEXT OF KIN

a. Next of Kin

b. Relationship

c. Date of Birth

DD

MM

YY

d. Contact Address:

Home

Employer

e. Contact Telephone

f. Physical / Residential Address

g. Nearest Landmark

SECTION 3: INVESTMENT

Amount GHS

Term

90 days

182 days

1 year

Mode of payment:

Cheque

Bank Account

Cash

Transfer

Others

For Bank Account please provide:

Name of Bank

Account No.

Branch

Roll over principal only

Roll over Principal and Interest

Do not roll over

Customer Signature

Date

DD

MM

YY

SECTION 4: OFFICIAL USE ONLY

1. Cleared fund received

Yes

No

2. Satisfactory Identification Completed

Yes

No

3. Negotiated Interest Rate

4. Sales Officer

Name

Signed

Date

DD

MM

YY

5. Approval:

Managing Director

Name

Signed

Date

DD

MM

YY