# Section 7: Applicant / Borrower Declaration

I authorize you to obtain any information you may require relating to this document from any other source to which you may apply, each source being hereby authorized by me to provide you with such information.

I undertake to notify Summit Vision Microfinance Limited immediately of any situation which materially changes the representation of this document.

I declare and warrant that I am actively at work and attending to all my normal duties.

I hereby authorize Summit Vision Microfinance Limited to disclose any and all information in respect of my loan to the guarantors for as long as the guarantor's liabilities of this debt outstands.

I confirm that I am good health.

I confirm that the information in this document and supplementary document is true, correct, and complete and authorize Summit Vision Microfinance Limited update to my records accordingly.

I accept, understand and agree to be held by the loan Terms and conditions as contained herein, a copy of which I acknowledge and agree to be bound by.

I accept that this offer will only become effective after approval by Summit Vision Microfinance Limited.

I acknowledge that Summit Vision Microfinance Limited has the right to offer a lower amount than that applied for.

I agree you can consolidate any other loans I may have with you and refinance.

APPLICANT'S SIGNATURE				DATE		
Section 8: Guarantor Details						
Surname			First Name			
Middle Name						
Business Occupation						
Marital Status: (pleas	se tick appropriate)	Single	Married	Divorced	Widowed	
Nationality						
Date of Birth Place of Birth						
Hometown						
Identification type			Identification no.			
Residential Address			Business Address			
How Long Stayed	Rented	Owned	Family Ho	ouse	Other	
Name of Employer			Position Held			
Mobile no.			Home/Office tel.			
Relationship to Applicant				How Long Known		
Section 8: Security (For Office Use)						
dection of dect	inty (For Onic	<i>Je <b>U</b>3e)</i>				
Type of Security:	Vehicle	Mortgage	Cash Collateral			
	Others					
Loan Amount			Approved Loan Amount			
Rate Applied			Applied Rate			
Processing Fee			Signature of Credit Analyst			
Insurance						
Monitoring			Approved Authori Signatu	•		



# **SUMMIT VISION MICROFINANCE**

**SERVICES LIMITED** 

# ASSET FINANCING/ PERSONAL LOAN APPLICATION FORM

## REQUIREMENTS

- Valid ID: Passport, Drivers License, Voters ID or NHIS ID Card
- Passport Picture
- Guarantor ID and Passport picture
- Latest 3 months pay slip
- Latest 3 months bank statements

... Your Business Anchor.

### **New Customer Existing Customer Section 4: Applicant's Bank Details** (Please complete in block letters) Bank Name **Branch** Account number Section 1: Applicant's / 'Borrower' Details Title First Name Middle Name No Have you borrowed before: Yes Nationality Surname If yes, give details financial institution: I.D. Type I.D. number Name of Institution **Outstanding Loan Balance** Year **Amount** Country of residence Resident in host country Yes Gender: Male Female Marital Status Date of birth Place of birth (Town & Region) Number of dependants a. Residential details Hometown Banks/Financial Institution Indebted to Physical address / House number Bank or Original Loan Loan start Outstanding Take Over (Y/N) Financial Inst. Amount Loan Amount Town / City No. of years at residence Loan 1 Nearest landmark to current Residence Loan 2 b. Postal Address Loan 3 P.O. Box Home tel. no. Town / City **Email Address Section 5: Loan / Income Details** c. Contacts details Mobile number Other phone no. Type of loan: Asset Financing Personal d. Place of worship & Location Loan Amount Purpose of Loan If you have lived at your current address for less than 5 years please state your previous address Loan Tenure \* Please indicate the lowest loan amount you will be willing to accept if a lower Rented Owned Accommodation type: Other (please specify) loan amount than what has been applied for is approved Leasehold If the property is owned, is it Owned outright Freehold Other If asset finance, give details. Estimated value of property Outstanding mortgage No. of Months ITEM **VENDOR** PRICE Repayments) **Section 2: Employment Details Gross Monthly** Income Name of employer Industry/Sector Job title No. of years in current employment If on contract state expiry date Net Income & Payslip Social Security No. Employee No. Employer's Physical Address TOTAL **Nearest Landmark** P. O. Box Town / City Section 6: Mode of Repayment Office tel. no. Source deduction Post dated Cheques Standing order Controller **Section 3: Next of Kin** Name of Institution Name Address **Email Address** Telephone no.

**Loan Application** 

SUMMIT VISION MICROFINANCE LIMITED