

MEDICAL INFORMATION

Do you currently suffer from any Health problem: Yes: No:

If yes please state _____

NEXT OF KIN

Name: _____

Relationship: _____

Contact Address: _____

Home ADDRESS: _____

Telephone:
Office _____ Home: _____ Mobile No: _____

Declaration:

I hereby apply for personal loan with Guaranty Trust Bank Ltd. The information on this form is confirmed by me to be true and correct. If this application is successful. I agree that the loan shall be subject to the terms and conditions in the offer letter/Agreement to be executed by me. I have read the terms and conditions governing the operations of the account(s) which are presented overleaf and agree to be bound by them.

Authorised Signature

Day Month Year

EMPLOYER UNDERTAKING



Guaranty Trust Bank Ltd

The Head,
Human Resources

Dear Sir/Madam

Consumer Loan Application for _____
(Employee Name)

We have received a request for a consumer loan from the above named employee of your organization. In order to process the request, we require confirmation of certain information provided by him/her as follows: You are assured that information provided will be treated in strict confidence and without prejudice to your organization.

INFORMATION TO BE CONFIRMED

Job position: _____ Length of service: _____ Net Monthly salary ₦ _____

Annual Compensation Package ₦ _____ Terminal Benefits till date ₦ _____

List Existing credit obligation/s deducted at source

S/N	LOAN TYPE	MONTHLY DEDUCTION	OUTSTANDING AMOUNT

I _____
(Applicant) hereby undertake to unconditionally and irrevocably do the following:

1. Domicile my salary with Guaranty Trust Bank Ltd.
2. Pay my terminal benefits through the same account in Guaranty Trust Bank Ltd, in the event of my separation from the company before the liquidation of the Loan.

I am fully aware of the implications of the above terms and conditions of this document and hereby affirm the execution of same.

Applicants Signature

Date

Thank you for your co-operation/response.

TO BE COMPLETED BY EMPLOYER

If the application is considered and a loan is granted, we undertake as follows:

1. We shall continue to pay his/her salary into account No. _____ with your _____ Branch.
2. No change of Bank account will be effected without a written confirmation from GTBank of due liquidation of the loan.
3. Pay terminal benefits through the same salary account in GTbank in the event of separation from the company before the liquidation of the loan.

We confirm to the best of our knowledge, that information provided by our above named employee is accurate.

Name: _____

Designation: _____ Signature: _____

Date: _____ Please affix official stamp