

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 N _____

Annual Compensation Package N _____ Terminal Benefits till date N _____

List Existing credit obligation/s deducted at source

| S/N | LOAN TYPE | MONTHLY DEDUCTION | OUTSTANDING AMOUNT |
|-----|-----------|-------------------|--------------------|
| | | | |

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

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. Inform you of any loan applied for by the applicant subsequent to the above.
4. Notify you of the exit of the applicant from the company with immediate effect, and subsequently .
5. 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