SME Invoice Discounting Loan Application Form



Account Information PLEASE FILL THIS FORM IN CAPITAL LETTERS		
Account No.:	TIN	N:
Registered Business Name:		
Registered Office Address: (not P.O. Box)		
Nature of Business:		
Date of Incorporation:	Year	No. of Years in Business:
Request Details		
Loan Amount (N):		Tenor: (days)
Invoice Value (N):	Inv	roice Payment Date:
Principal/Issuer of Invoice:		
Security: (Kindly include a schedule if space provided is in-sufficient)		
Declaration		
I/We hereby apply for an Invoice Discounting facility with Guaranty Trust Bank Ltd. I/We understand that the information given herein and the documents supplied are the basis for application of the loan and therefore warrant that such information is correct.		
Authorized Signatory(ies)		
1) Name		
BVN		NIN
Signature		Date: Month Year
2) Name		
BVN		NIN