

(All information given in this form will be held confidential) NAME: SEX: NRC No: MARITAL STATUS: HOME ADDRESS: E-MAL ADDRESS: CELL No: INCOME (P/M): PLACE OF EMPLOYMENT: AMOUNT REQUESTED: NUMBER OF MONTHS TO BE PAID: **COLLATERAL OFFERED:** (If yes, what is the value of asset) VALUE OF ASSET: Ihereby certify that all the information given in this document is true and correct and that I have not held back any information that would negatively affect the decision to get the loan. I further agree that as a condition of approval of the loan, I shall pay an interest of 30% per calendar month. APPLICANT SIGNATURE WITNESS SIGNATURE Signature: Name: Phone No. Date: Signature: Official Use Only LOAN OFFICER SIGNATURE **LOAN STATUS**

Approved :

Declined:

Name:....