



W POWER LOAN APPLICATION FORM

For customers use only. Please provide all required documents and complete this form in block letters.

BUSINESS INFORMATION

Company Registered Name:

Previous registered name of the business entity if the name has been legally changed

Registered Business Address:

Head Office Address (If different from above):

Current Address of Operation:

Nature of Business/Activity:

Sector:

Industry

RC or Registration Number:

Date of Registration:

dd / mm / yy

Office Telephone Number

Fax Number

Website:

E -Mail Address

ABOUT THE BUSINESS

Main type of Business: Hospitality/Tourism & Event Mgt. Manufacturing I.T
Catering & Eateries Education Beauty & Wellness
Healthcare Fashion Others

Brief Description of the Nature of Business

No. of Employees

Average Monthly Payroll

Ownership structure: Proprietorship Partnership Limited Liability Other (specify)

Annual Turnover

Annual Profit

OWNER'S DETAILS

Name _____

Address _____

Age: Under 30 31-40 41 - 50 51 - 60 Over 60

Years of experience in your business: 10years and above 5-9 3-4 1-2

Marital Status: Single Married Divorced Widowed

Have you attended any W training? No Yes If yes which one? _____

DETAILS OF LOAN REQUEST

Please see appendix for the type of facility provided by the bank

S/ N	Facility Type (Working Capital, Business Expansion, Facility Upgrade, etc)	Amount Required	Currency (₹, \$, etc)	Tenor (months)	Proposed method of principal repayment (Monthly, Quarterly, etc)
1					
2					
3					

Total facility amount required in words: _____

PURPOSE OF THE FACILITY

(a) Please provide brief explanation on why you require the facility

BANKING DETAILS

Relationship with Access Bank

Account Number	<input type="text"/>	Branch Domiciled:	_____	Date Account was opened dd / mm / yy	_____
Account Number	<input type="text"/>	Branch Domiciled:	_____	Date Account was opened dd / mm / yy	_____
Account Number	<input type="text"/>	Branch Domiciled:	_____	Date Account was opened dd / mm / yy	_____

RELATIONSHIPS WITH OTHER BANKS (Attach last 3 months' statements)

NON BORROWING RELATIONSHIPS

S/N	Name of Bank	Account type	Account number	Branch
1				
2				
3				

BORROWING RELATIONSHIPS

S/N	Name of Bank	Original amount	Outstanding amount	Collateral pledged	Expiry date
1					
2					
3					

Any write off / restructuring in the last 3 years? Yes No

Please specify the Bank(s) name _____

DIRECTORS INFORMATION

Director (1)

Name of Director: _____

Qualification / Experience in the line: _____

Nature of shares held: _____ Value of shares held _____

Residential Address: _____

E- Mail address _____ Telephone number _____ International passport number _____

Name of other companies in which they have interest _____

Director (2)

Name of Director: _____

Qualification / Experience in the line: _____

Nature of shares held: _____ Value of shares held _____

Residential Address: _____

E- Mail address _____ Telephone number _____ International passport number _____

Name of other companies in which they have interest _____

Director (3)

Name of Director: _____

Qualification / Experience in the line: _____

Nature of shares held: _____ Value of shares held _____

Residential Address: _____

E- Mail address _____ Telephone number _____ International passport number _____

Name of other companies in which they have interest _____

COMPANY'S SHARE CAPITAL STRUCTURE (as at the date of application)

Particulars	Amount of share capital
Authorized capital	
Issued capital	
Subscribed capital	
Paid up capital	
Calls in arrear	
Development rebate	
Reserve	
Others	
TOTAL	

FINANCIAL INFORMATION:

Financial results for the last 3 years is required

S/N	Year ended	Profit/Loss	Name of auditors	Audit rating (Not qualified, Qualified, etc)
1				
2				
3				

Please attach the following: (a) Audited Financial (b) Cash Flow Analysis for the next 3 years.

COLLATERAL INFORMATION:

Is Collateral Available? Please tick as appropriate? Yes No

Details of collateral / security offered are as follows:

SCHEDULE OF LANDED PROPERTY

S/N	Address	Open market Value (OMV)	Forced sale Value (FSV)	Description of property	Name of property valuer	Date of Valuation
1						
2						
3						
TOTAL						

Please attach copy of title documents

SCHEDULE OF SHARES:

S/N	Company name	Number of units	Quoted Price	Total Value
1				
2				
3				
TOTAL				

Please attach copy of share certificates or copy of CSCS statements

SCHEDULE OF DEBENTURE (fixed and floating assets)

S/N	List of assets	Location of assets	Open Market Value (OMV)	Forced Sale Value (FSV)
1				
2				
3				
TOTAL				

Please attach list of Assets

CREDIBLE GUARANTOR

Name of Guarantor :

Residential Address:

E- Mail address

Telephone number

International passport number

OTHER INFORMATION REQUIRED (Fill as applicable)

Is the business an endorser or guarantor for any obligation not listed in the financial statements? Yes No
 If yes, what is the contingent liability? _____

Has the business or directors ever declared bankruptcy? Yes No
 If yes, provide details and attach documents. _____

Is the business a defendant in any lawsuit? Yes No
 If yes, provide evidence by attaching documents. _____

Are any of the business assets encumbered by liens or attachments of any type?
 If yes, provide detail information _____

REQUIRED DOCUMENTATION

Company profile Yes No

Completed and signed Loan Application form Yes No

Audited Report (mandatory Tier 1 and Tier 2 customers) Yes No

Bank statements (minimum of preceding 12 months period) Yes No

Duly executed guarantor form supported by notarized statement of net worth Yes No

Duly executed offer letter Yes No

Customer's BVN / Director's BVN / TIN Yes No

Satisfactory credit checks (on the company and guarantors) Yes No

Execution of all necessary documents for the perfection of Legal Mortgage/All Asset Debenture (where applicable)

ADDITIONAL INFORMATION

Application will not be processed until full documentation is received.

ACKNOWLEDGMENT AND AGREEMENT

We hereby confirm that we are applying for the above credit facility and certify that all the information provided by us above and attached hereto is true, correct and complete. We authorise you to make any enquiries considered necessary and appropriate for the purpose of evaluating this application.

By completing this application, we agree to the following (a) The credit reference and fraud prevention agencies may use our information where necessary (b) The Bank may process information about our company to assess our eligibility for a loan consideration and other products / services (c) All incidental expenses and charges including search report will be paid for.

AUTHORIZED SIGNATORIES

Customer's Signature & Stamp	Date	Customer's Signature & Stamp	Date
_____	dd / mm / yy	_____	dd / mm / yy

For official use only:

Reviewed by Account Officer: _____ Date _____
 Name & Signature