## **ZHABEST MICROCREDIT NIGERIA**

RC 658970

Business Operation Office: No 38, Agbado Ijaiye Road, Opposite Cold Room, Near Ojokoro LCDA, Ojokoro, Logos

Telephone: +2348023220754, 08188887054 Email: zhabestnigerialimited@yahoo.com

## LOAN APPLICATION FORM

Relationship: \_\_\_\_\_

## **Section A: Applicant Information** Full Name:\_\_\_\_\_ Gender: [ ] Male [ ] Female: \_\_\_\_\_ Date of Birth: National ID: \_\_\_\_\_ Marital Status: [ ] Single [ ] Married [ ] Divorced [ ] Widowed Phone Number: Email Address: \_\_\_\_\_ Residential Address: \_\_\_\_\_ State of Residence: LGA: \_\_\_\_\_ Next of Kin:

Next of Kin Phone:
Section B: Employment / Business Information
Employment Type: [ ] Employed [ ] Self-Employed [ ] Unemployed
Nature of Business:
Employer / Business Name:
Business Type (if applicable):
Business Address:
Position / Role:
Monthly Income/Salary (₦):
Other Income Sources:
Section C: Loan Details
Loan Amount Requested (₦):
Purpose of Loan: [ ] Business [ ] Personal [ ] Education [ ] Medical [ ] Other:
Loan Tenure: [ ]1 Week [ ]2 Weeks [ ] 1 Month [ ]2 Months[] 3 Months [ ] 6 Months
Preferred Repayment Frequency: [] Weekly [] Bi-Monthly [] Monthly []
Proposed Amount:
Section D: Bank Information
Bank Name:
Account Name:
Account Number:

BVN:
NIN:
Section E: Guarantor Information
Guarantor Name:
Relationship to Applicant:
Address:
Phone Number:
Occupation:
ID Number / Type:
BVN:
NIN:
Declaration
I,, hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that providing false information may result in the rejection of my application or legal action.
Signature of Applicant:
Date: