MAXADVANCE LOAN REQUEST FORM (NON PRIVATE ESTABLISHMENT)



PERSONAL INFORMATION

Frequency of Repayment (I.e monthly or quarterly e.t.c)

ACCOUNT NUMBER:						
Name of Applicant:			Passport			
Title: Mr Mrs Miss others (Please s	Mr Mrs Miss others Surname					
Middle Name	First Name					
Home Address						
Tel:(Home):	Office:	Mobile:				
Date of Birth: Day Month Year	Marital Status: Single	Married Oth	ers (Please specify)			
PROFESSIONAL INFORMATION						
Status:	_ Snr. Staff Jnr. Mgt Snr.N	lgt Exec. Mgt	Others (Please specify)			
Job Position:						
Name Of Current Employer: Business Telephone:						
Business Address:						
Length of Service:	Annual Income (Gross)₦_					
Income Annual (Net): ₦	Quarterly:₦	Monthly:₦				
First time request? (Please tick here) Yes	No No					
Loan Amount:₩	Proposed Te	nor:				
EXISTING CREDIT OBLIGATION						
Items	Facility I	F	acility II			
Name of Lender						
Type of Loan						
Outstanding Balance						
Repayment Amount (😭)						

MEDICAL INFORMATION		1	
Do you currently suffer from any H	ealth problem: Yes: No:		
If yes please state			
NEXT OF KIN			
Name:			
Relationship:			
Contact Address:			
Home ADDRESS:			
Telephone: Office	Home:	Mobile No:	:
DECLARATION:			
	ith Guaranty Trust Bank Ltd. The informati		
	at the loan shall be subject to the terms ar		
I have read the terms and condition	ns governing the operations of the accoun	t(s) which are presented overleaf ar	nd agree to be bound by them.
	Authorised Signature	 Day	Month Year

EMPLOYER UNDERTAKING



The Hea	ad, Resources			
	r/Madam			
Consu	mer Loan Application for	(Emplo	yee Name)	
We hav	e received a request for a consumer lo	oan from the above named employee of y	•	
		onfirmation of certain information provid		
You are	assured that information provided w	vill be treated in strict confidence and with	nout prejudice to your organization.	
INFOR	MATION TO BE CONFIRMED			
Job pos	ition: Len	gth of service: Net Mont	nly salary N	
Annual	Compensation Package #	Terminal Benefits till date		
List Exis	ting credit obligation/s deducted at s	ource		
S/N	LOAN TYPE	MONTHLY DEDUCTION	OUTSTANDING AMOUNT	
		hereby undertake to u	nconditionally and irrevocably do the following	
	(Applicant)	nereby undertake to e	mediationally and interocably do the following.	
	cile my salary with Guaranty Trust Ba			
-		e account in Guaranty Trust Bank Ltd., in t	he event of my separation from the company	
	the liquidation of the loan.			
I am ful	ly aware of the implications of the ab	pove terms and conditions of this docume	nt and hereby affirm the execution of same.	
-				
	Applicants Signature		Date	
Thank y	ou for your co-operation/response.			
TO BE	COMPLETED BY EMPLOYER			
If the a	pplication is considered and a loan	is granted, we undertake as follows:		
1. We	shall continue to pay his/her salary	into account No wi	th your Branch.	
	•	cted without a written confirmation from	·	
	terminal benefits through the same lation of the loan.	salary account in GTBank in the event	of separation from the company before the	
We con	firm to the best of our knowledge, th	nat information provided by our above na	med employee is accurate.	
Name: _				
Designa	tion:	Signature:		
Date:		Please affix official stamp		