

QUICK CREDIT APPLICATION & AGREEMENT**CUSTOMER INFORMATION**

Name:					
National ID / Passport N°: <i>(Please attach a copy):</i>					
Account N°:					
Phone N°:		E-mail:			
Employer:					
Contract nature:	☐ Open-Ended	☐ Fixed-Term	From:		To:

I apply for the Quick Credit facility and agree to be bound by the terms outlined in this instrument. I expressly consent to this facility being secured by my existing collateralized assets, where applicable; in the absence of such collateral, I irrevocably authorize the Bank to recover the unpaid loan (principal and accrued interests) from my assets.

FACILITY DETAILS

Amount: (Figures and words)	
Processing Fee:	1% of the applied amount.
Interest rate:	6% per month.
Tenor:	(____) months. <i>** Tenor should not exceed 12 months.</i>
Payments:	(____) equal monthly installments.
Late payment rate:	2% monthly penalty applies to overdue amounts, in addition to the standard interest rate.

CUSTOMER ACKNOWLEDGEMENT AND AGREEMENT

In consideration of the Bank's acceptance of this request, I acknowledge that the granted credit shall be repaid punctually in accordance with the agreed terms.

I undertake to indemnify the Bank against all costs, charges, and expenses related to any action, claim, or proceeding concerning this arrangement, including full settlement of outstanding liabilities.

Acceptance of this form constitutes a binding contract, forming an integral part of the existing facility(ies) agreement. The Bank is entitled to recover from me and enforce any and all securities held for the existing facility(ies).

I authorize the Bank to procure credit life insurance to cover the extended credit and commit to submitting any required documentation for this purpose upon request.

Furthermore, I consent and authorize the Bank to disclose, obtain, and retain my/our Personal Data (and that of partners, business entities, directors, guarantors, security parties, and/or shareholders) within the GTBank Group/branches in the normal course of business for verification purposes.

I confirm sole responsibility for the accuracy of all information provided herein.

Name: _____ Signature and Date: _____