



STAR SUPPORT INTEGRATED LIMITED

LOAN APPLICATION FORM
(To Be Completed By All Customers In Capital Letters)

Affix One Passport
Photograph taken
against white
background

Title: Mr, Mrs, Miss, Chief, others _____

Surname: _____

First Name: _____ Other Name: _____

Marital Status: Single _____ Married _____ Others _____ Gender: Male _____ Female _____

Country of Birth: _____ Date of Birth _____
Day Month Year

Mother's Maiden Name: _____

Tax Identification No: _____ No of Dependents _____

Nationality: Nigerian Others: _____

L.G.A. of Origin: _____ State of Origin: _____
(Nigerians only)

Do you have residency or are you a citizen of any other Country other than Nigeria? Yes No

If yes; which Country: _____

1) CUSTOMER CONTACT DETAILS:

House/Plot Number: _____ Street Name: _____

Nearest Bus Stop/Landmark: _____

City/Town: _____ State: _____

Phone Number: _____ ii: _____

Email: _____

2) EMPLOYMENT DETAILS

Employment Status: Employed _____ Self-Employed _____ Unemployed _____ Retired _____

Others (Please specify) _____ Date of Employment _____ / _____ / _____

Business/Employer's Name: _____

Business/Employer's Address: _____

Business/Occupation: _____

Position/Rank: _____

3) DETAILS OF NEXT OF KIN:

Full Name: _____

Date of Birth: _____ Gender Male _____ Female _____

Relationship: _____ Mobile No. _____

Email Address: _____

Address: _____

4) TERMS AND CONDITIONS:

TO BE STATED BY STAR SUPPORT WITH PARTICULAR REFERENCE TO THE PRACTICE/OPERATIONS OF THE BUSINESS OF A FINANCE HOUSE.

5) LOAN DETAILS:

Amount Required: _____ Purpose: _____

Tenor/Duration: 30 Days 60 Days 90 Days 180 Days Others

Net Monthly Income: _____ Salary Payment Date: _____

Any Outstanding Monthly Loan Obligations? Yes No

If Yes, state amount & where: _____

How did you get to know about us: _____

6) BANK AND CHEQUE DETAILS

Bank Name _____ Bank Branch: _____

Account Number _____ BVN: _____

Cheque Number (s) _____

7) GUARANTOR DETAILS

Title (Please specify) _____ Surname: _____

First Name: _____ Phone No.: _____

Place of Work: _____ Position: _____

Office Address: _____

Email Address: _____

8) GUARANTOR DETAILS

Title (Please specify) _____ Surname: _____

First Name: _____ Phone No.: _____

Place of Work: _____ Position: _____

Office Address: _____

Email Address: _____

9) LEGAL PROVISIONS ABOUT ISSUANCE OF DUD CHEQUES

Provision of the dishonoured cheques (offences) Act No 44 of 1977 states *inter alia* that “any person who obtains credit for himself or any other persons by means of cheque that, when presented for payment not later than 6 months after the date of the cheque, is dishonoured on the grounds that no funds or insufficient funds were standing to the credit of the drawer of the cheque in the bank on which the cheque was drawn, shall be guilty of an offence and on conviction **shall be sentenced to imprisonment for two years, without the option of a fine**”.

I _____ am aware of the above Act and hereby give you the right to take all necessary steps to enforce this act.

10) DECLARATION:

I/We understand that the information given herein and the documents supplied are the basis for obtaining a loan facility, and therefore warrant that such information is correct. I/We agree to be bound by the terms and conditions of the loan.

APPLICANT NAME **APPLICANT SIGNATURE** **DATE**

FOR OFFICE USE ONLY

11) CHECKLIST

- | | | | |
|-----------------------|--------------------------|-----------------------------|--------------------------|
| Application Form | <input type="checkbox"/> | 3 Month Bank Statement | <input type="checkbox"/> |
| Passport Photograph | <input type="checkbox"/> | Applicant & Guarantor ID | <input type="checkbox"/> |
| Applicant Bank Cheque | <input type="checkbox"/> | Guarantor Post-dated Cheque | <input type="checkbox"/> |
| Employment Letter/CAC | <input type="checkbox"/> | Executed Offer Letter | <input type="checkbox"/> |
| Utility Bill | <input type="checkbox"/> | Guarantor Confirmation | <input type="checkbox"/> |
| Processing Fee | <input type="checkbox"/> | | |

Relationship Officer: _____ Recommendation: _____

Management Approval: _____ Date: _____