

## BANKING PRODUCTS - FIRST TRADERS APPLICATION

CONFIDENTIAL

### COMPANY INFORMATION DETAILS

Company Name\*

Shop Address

City\*  State\*  Tel\*

Landmark (if any)  E-mail\*

Company RC

Ownership of Shop premises? ☐ Yes ☐ No

If No, state no. of months of unexpired rent or lease  If No, state length of time at Shop address

Length of time in Business (in months)  Business Type

Date of Incorporation/Registration

### RELATED PARTY INFORMATION

Related Party [any relationship with Bank's Top Management Officers (AGM & above) or its Directors] Yes ☐ No ☐

If yes, please provide details: Name of Related Party

Relationship Details (tick as appropriate) ☐ Father ☐ Mother ☐ Wife ☐ Husband ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Nephew ☐ Niece ☐ Son/Daughter's Spouse ☐ Brother/Sister's Spouse ☐ Others (please specify)

### STAKEHOLDERS/SHAREHOLDERS/DIRECTOR

**1** Name (Surname/First & Other names)  Title

Date of Birth         Telephone Number

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced Gender: ☐ Male ☐ Female % Ownership

Designation  BVN

Valid ID. e.g. Driver's License, Int' Passport or Voters Card

Address:

Years At Current Address  Ownership of Residence ☐ Yes ☐ No Years At City

**2** Name (Surname/First & Other names)  Title

Date of Birth         Telephone Number

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced Gender: ☐ Male ☐ Female % Ownership

Designation  BVN

Valid ID. e.g. Driver's License, Int' Passport or Voters Card

Address:

Years At Current Address  Ownership of Residence ☐ Yes ☐ No Years At City

### NEXT OF KIN DETAILS

**1** Name (Surname/First & Other names)  Title

Telephone Number  Email

Relationship  Gender: ☐ Male ☐ Female

Address:

**1** Name (Surname/First & Other names)  Title

Telephone Number  Email

Relationship  Gender: ☐ Male ☐ Female

Address:

## MARKET/PRODUCT INFORMATION

Name of Market

Location/ Address

City  State

Line of business (state item(s) sold)

Product source

Type of goods sold ☐ Perishable ☐ Non Perishable

Sales cycle/Cash flow pattern ☐ Credit ☐ Cash & Carry

Top 5 Suppliers

Target Customers ☐ Wholesale ☐ Retail

Monthly Sales Turnover

Top 5 Customers

## CREDIT FACILITY REQUEST

First Time Request? ☐ Yes ☐ No

Loan Variant ☐ 90days FTS ☐ 180days FTS ☐

Facility Amount

Facility Tenor (in months)

Facility Repayment Date

Loan purpose

## BANK ACCOUNT INFORMATION

PLEASE NOTE THAT LATE REPAYMENT/BOUNCED CHEQUES WILL ATTRACT PENALTY

CIF ID:

BVN:

Account Relationship with FirstBank

Please note that customers are required to maintain or open a current account with FirstBank

Branch	Account Type	Account Number	Account Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Relationship with other Banks

Bank	Branch	Account Type	Account Number	Account Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Existing Bank Borrowings

Name of Lender	Type of Loan	Loan Amount Granted	Balance Outstanding	Repayment amount	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## COLLATERALS

☐ Charged Savings ☐ Shop allocation/ Deed of Assignment ☐ Stock Hypothecation

I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME/US ABOVE IS TRUE, CORRECT AND COMPLETE. I AUTHORISE YOU TO MAKE ANY ENQUIRY YOU CONSIDER NECESSARY AND APPROPRIATE FOR THE PURPOSE OF EVALUATING THIS APPLICATION

PLEASE NOTE THAT THE BANK WILL CHARGE ADMINISTRATION FEES FOR PROCESSING THIS APPLICATION

Account Signatory:

Account Signatory:

Date

## FOR OFFICIAL USE

PLEASE CHECK THAT EVERY QUESTION HAS BEEN ANSWERED, FORM HAS BEEN SIGNED AND THAT CUSTOMER'S INFORMATION ON ALL FIELDS ASTERISKED HAVE BEEN UPDATED ON FINACLE ACCORDINGLY

Received by:  
Relationship Manager  
Staff No:

Business Manager  
Staff No:

Signature

Signature

Date