

Capital Bancorp Limited

3rd & 4th Floors, Macarthy Street, Onikan, Lagos

P. O. BOX 1362, Lagos

Tel: 234-1-4622371-5, Fax: 234-1-4622370

CORPORATE CREDIT APPLICATION FORM

COMPANY DETAILS

Name of Company: _____

Registration Number: _____

Country of Incorporation: _____

Date of Incorporation: _____

Registered Office Address: _____

Telephone Number(s): _____

E- Mail Address: _____

Purpose of facility: _____

Nature of Business: _____

BANKING DETAILS

1. Name of Bank: _____

Date opened: _____

Branch: _____

Account Number: _____

2. Name of Bank: _____

Date opened: _____

Branch: _____

Account Number: _____

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CORPORATE CREDIT APPLICATION FORM

EXISTING CREDIT OBLIGATIONS

Lender	Type of Obligation	Balance Due	Repayment Frequency
_____	_____	₪ _____	_____
_____	_____	₪ _____	_____
_____	_____	₪ _____	_____
_____	_____	₪ _____	_____

NAMES OF DIRECTORS

Authorised Signatory

Authorised Signatory