

# Capital Bancorp Limited

3<sup>rd</sup> & 4<sup>th</sup> Floors, Macarthy Street, Onikan, Lagos

P. O. BOX 1362, Lagos

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

## INDIVIDUAL CREDIT APPLICATION FORM

### PERSONAL DETAILS

Title (Prof/Chief/Mr/Mrs/Ms/Miss): \_\_\_\_\_ Surname: \_\_\_\_\_

Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Nationality: \_\_\_\_\_ State of Origin: \_\_\_\_\_

L.G.A: \_\_\_\_\_ Town: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Mobile Tel. No: \_\_\_\_\_ Home Tel. No: \_\_\_\_\_

Email Address 1: \_\_\_\_\_ Email Address 2: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Current residential Address: \_\_\_\_\_ Permanent Home Address (please state Village, city, LGA and State)

_____	_____
_____	_____
_____	_____
_____	_____

### EMPLOYMENT DETAILS

Name & Address of Current Employer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_

Tel No: \_\_\_\_\_

Name & Address of Current Employer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_

Tel No: \_\_\_\_\_

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### BANKING DETAILS

Do you have a bank account YES/NO? If yes, date opened: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

### EXISTING CREDIT OBLIGATIONS

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

### DESIRED EQUIPMENT

NAME	MODEL/DESCRIPTION	ESTIMATED COST
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1.

2.

3.

4.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_