



Non Refundable Application Fees

Loan Amount	Fees
N1 – N500,000	N500
N500,001 – N1 M	N1,000

NO _____

Consent Form Charges for Credit Checks

Group	Fees
Individual	N1,000
Corporate	N2,000

HASAL
MICRO LOANS PRODUCT
Loan Application Form

HASAL MICRO LOANS FORM



A. RELATIONSHIP SUMMARY

Application Reference _____ Account Number _____

Zone _____ Branch/Unit _____ Insider-related? Yes No

B. CUSTOMERS' INFORMATION

Borrower's Name: Surname _____ Other name(s) _____

Business Name _____ New Client? Yes No

BVN: _____ TIN Number: _____

Business Location: _____

Home Address: _____

Permanent Address: _____

Nationality: _____ State/Tribe/ Home Town: _____

Phone No _____ Email Address _____

Gender: Male Female No of Children/Dependent Marital Status _____

Next of Kin: _____ Phone Number: _____

Name of Spouse: _____ Phone Number: _____

Mother's Name: _____ Mother's Home Town: _____

C. BUSINESS INFORMATION

Type of Business How long have you been in the business?

Any other source of income: Yes No Is your shop/store a Direct Allocation or Rental? _____

Is your business seasonal? _____ if yes, what period (months) of the year is peak period? _____

What is the business sales turnover during the peak period? _____

What is the business sales turnover during the off-peak period? _____

How often does the customer replenish goods? _____

D. LOAN REQUEST

Facility Type: (Kindly Indicate) HASAL Micro Loan HASUSU LOAN HELP LOAN

Loan Amount (Figure/Word): N _____

Purpose of Loan: _____

Interest Rate _____ % Fee _____ % Tenor _____ (Months/Weeks) Equity _____

Repayment Plan: Daily Weekly Monthly Termly Bullet Principal & Monthly Interest

Proposed Collateral: _____



E. CREDIT LIFE INSURANCE

Life Assured's Name: _____

Occupation _____ GSM Phone _____

Date of Birth: _____ Sex: _____ Marital status _____

Amount of Loan _____ Duration _____

Commencement Date: _____ Premium Due _____

Single Premium _____ Annual Premium _____

Medical History

Address of your Hospital _____

How long have you been attending the Hospital? _____

What is your present health status _____

Weight _____ Height _____ Do you Smoke _____ Or Drink _____

Have you experience the following: Heart diseases _____ Diabetes _____

Tuberculosis _____ Epilepsy _____ Obesity _____ Paralysis _____

Any other, please state

Beneficiary (s): _____

Declaration: I hereby declare that the statements above are true to the best of my knowledge and belief. The company has my permission to obtain medical information from any doctor who has attended to me or Insurance Company to which I have proposed. I agree that this declaration and any other statements shall be the basis of the contract about to be concluded.

Witness Signature/Date

Signature of Life to be Assured/Date

Declaration by Applicant:

I hereby apply for the facility as detailed above and undertake that if made available, it will be utilized only for the purpose described in this application.

I hereby confirm that the information and financial particulars which I/We have freely given are to the best of my/our belief true and accurate. I/We agree that any material changes in these particulars will be communicated to the Bank immediately.

Independent verification will be carried out by the bank; if information provided is deemed incorrect/untrue request will be disqualified

Signature of Applicant: _____



F. CONSENT FORM

Passport
Photograph

NAME: _____

OCCUPATION: _____ RELATIONSHIP WITH BORROWER: _____

HOME ADDRESS: _____

BUSINESS/OFFICE ADDRESS: _____

DECLARATION

I _____ guarantee _____ who is well-known to me as a _____ I hereby sign this voluntarily and in good faith on this _____ day of _____ Month _____ Year

As a _____ to _____, I hereby declare as follows:

- To ensure that the borrower offsets his/her loan with HASAL Microfinance Bank Ltd.
- To produce the borrower whenever required, and
- To cooperate with HASAL Microfinance Bank Ltd in this accord.

I further declare that I be held responsible as follows:

- If the borrower defaults in the repayment of both Principal and accrued interest.
- To equally bear the cost of offsetting the loan as a result of any such default by the borrower. If for any reason I fail to perform my obligations as a friend / family to the borrower, HASAL Microfinance Bank Ltd is free to take any legal action against me or any means necessary to recover the loan.
- I also agree that I shall not be discharged or released from this agreement by any arrangement except by fulfilling the obligation of payment as undertaken above and I shall not have any right to object the execution of this agreement.

Signature & Date

Phone number



G. QUALIFYING CRITERIA FOR GUARANTORS (1 guarantor required for N30,000-N500,000 and 2 guarantors required for N500,001-N1,000,000)



NAME OF GUARANTOR: _____

OCCUPATION: _____ RELATIONSHIP WITH BORROWER: _____

GUARANTOR'S HOME ADDRESS: _____

GUARANTOR'S BUSINESS/OFFICE ADDRESS: _____

DECLARATION

I _____ guarantee _____ who I know as _____ (relationship with borrower) from _____

I hereby sign this voluntarily and in good faith on this _____ day of _____ Month _____ Year

A guarantor to _____, I hereby declare as follows:

- To ensure that the borrower offsets his/her loan with HASAL Microfinance Bank Ltd.
- To produce the borrower whenever required, and
- To cooperate with HASAL Microfinance Bank Ltd in this accord.

I further declare that I be held responsible as follows:

- If the borrower defaults in the repayment of both Principal and accrued interest.
- To equally bear the cost of offsetting the loan as a result of any such default by the borrower. If for any reason I fail to perform my obligations as a guarantor to the borrower, HASAL Microfinance Bank Ltd is free to take any legal action against me or any means necessary to recover the loan.
- I also agree that I shall not be discharged or released from this guarantee by any arrangement except by fulfilling the obligation of payment as undertaken above and I shall not have any right to object the execution of this guarantee.

Guarantor's signature & Date

Guarantor's Phone number

BEFORE ME

COMMISSIONER FOR STAMP DUTIES



Passport
Photograph

NAME OF GUARANTOR: _____

OCCUPATION: _____ RELATIONSHIP WITH BORROWER: _____

GUARANTOR'S HOME ADDRESS: _____

GUARANTOR'S BUSINESS/OFFICE ADDRESS: _____

DECLARATION

I _____ guarantee _____ who I know as _____ (relationship with borrower) from _____

I hereby sign this voluntarily and in good faith on this _____ day of _____ Month _____ Year

A guarantor to _____, I hereby declare as follows:

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Guarantor's signature & Date

Guarantor's Phone number

BEFORE ME

COMMISSIONER FOR STAMP DUTIES