



Agib Bank Ltd

SALARY ADVANCE FORM

CUSTOMER'S NAME: _____ ACCOUNT NO: _____

EMPLOYER: _____

RANK: _____ MONTHLY SALARY: GMD _____

AMOUNT REQUIRED: _____ TENOR: _____

OUTSTANDING FACILITY: _____ MONTHLY REP. _____ BALANCE _____

SALARY UNDERTAKING: _____

[I TESTIFY THAT ALL INFORMATION GIVEN ABOVE ARE CORRECT AND THAT THIS FORM SERVES AS MY APPLICATION FOR THE FACILITY. I ALSO AGREE TO THE SERVICE CHARGE BELOW.]

CUSTOMER'S SIGNATURE: _____ TEL. NO. _____ DATE: _____

FOR OFFICE USE ONLY:

[TOTAL DEDUCTIONS FOR CUSTOMERS SHOULD NOT EXCEED 50% OF NET PAY.]

AMOUNT APPROVED: _____

SERVICE CHARGE: _____

APPROVALS:

BRANCH MANAGER: _____

RETAIL BANKING MANAGER: _____