

**SHORT TERM FACILITY REQUEST FORM**

BRANCH: ..... TEL: ..... DATE: .....  
 ADDRESS: ..... ACCOUNT NAME: .....  
 A/C No: ..... SALARY: GMD.....  
 AMOUNT REQUIRED: GMD..... TENOR: 3 Months  
 MONTHLY REPAYMENT: GMD.....  
 PURPOSE: FOR PERSONAL USE.

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

Customer Signature \_\_\_\_\_

**3 MONTHS INFLOW**

MONTH	CR T/O

AMOUNT APPROVED...GMD.....

PROCESSING FEE: GMD..... VAT: GMD.....

COMMENTS / RECOMMENDATION: THE CUSTOMER IS REQUESTING FOR **GMD.....** FOR PERSONAL USE. THE BANK WILL BE DEDUCTING **GMD.....** FROM HIS SALARY ON MONTHLY BASES AND HIS TAKE HOME WILL BE **GMD.....**

APPROVAL RECOMMENDED.

<b><u>APPROVALS</u></b>			
	<b><u>NAME</u></b>	<b><u>SIGNATURE</u></b>	<b><u>DATE</u></b>
BRANCH MANAGER			
RETAIL BANKING MANAGER			
HEAD OF CREDIT RISK MANAGEMENT			