Plot 154, Comm. 16, Tema. Opp. Ecobank, Sakumono P. O. Box TS 406, Accra | Tel: +233 (0) 302 811 877 email: info@evmicrofnance.com web: www.evmicrofnance.com

LOAN APPLICATION FORM

,			
First Name: Surname:	PASSPORT		
Other: Age:	PICTURE		
Marital Status: Occupation:	TIOTORE		
Post Office:			
Residential Address:			
Telephone No:			
Name of Business:			
Location of Business:			
Account Number:			
Amount Requested:			
Purpose of Loan:			
Repayment Period:			
Repayment Terms:			
Mobile Banker (where applicable):			
Nature of Business:			
Company Registered Address:			
Company Trading Address:			

Company Name Verified by:		
{ } Certificate of incorporation	{ } Partnership Deed	I
{ } Trust Deed	{ } Certificate from the registrar of society/business	
Applicant verified by:		
{ } Passport	{ } Voter ID card	{ } Driving License
Proof of residence:		
{ } Electricity bill { } Wat	er bill	
{ } Bank Statement (Not less than 3-4)	
{ } Other, Please specify		
Type of collateral:		
<u>UNDERTAKING</u>		
If you have a loan facility with another DECLARATION: I apply to register as a participant of		iculars:
as a participant, I undertake to make as a contributor until the loan is repa	•	towards repayment of the loan and undertake to continue
I pledge my monthly contribution of		as security.
I hereby certify that I have no loan a	greement with any other	office of EV Microfinance Limited.
Hence, by filling out this application on me/us.	form, I/We hereby certif	y that the information given above is correct and binding
Signature:		Date:/20
Remarks by Credit Officer		