Head Office: Ecobank Towers, 11th floor. P. O. Box 12626-00400, Nairobi Kenya Tel Lines: 0706 355 355 / 020 2211770 Email: info@fincorpcredit.co.ke



FACILITY APPLICATION FORM

PERSONAL DETAILS
Applicant's Name (Mr./Mrs./Dr/Prof)
National ID/Passport Number
Marital Status Single Married Divorced Divorced
Religion
Date of Birth Sex Female Male
No. of children Other Dependants
No. of children in school
Phone No
Location of current residence (attach a sketch of map indicating the nearest land marks)
Town Estate House No
Rented Owned Do you intend to relocate? Yes No
Name of landlord/ caretaker/ agent Tel
Any position of leadership within the community?
BUSINESS PARTICULARS
Name of entity
License No PIN No
Nature of Business
Postal Address
Tel: (Landline) Mobile Email
Physical Location: Town
land mark)
Street Building
Business Premises Rented Owned How long in the current location
If less than one year, where was the business located and why did you relocate
House No

FACILITY PARTICULA	ARS								
Amount of facility applied for Ks	shs								
Preferred facility period (Mon	ths)								
Purpose of the facility									
SECURITY DETAILS									
Please Tick Appropriately									
Type of security:	Motor Vehicle	Land and Building							
	NSE Listed Shares Life Insurance Policy								
	NOE Eloca Shares	Life Insurance Folicy							
Security description (details) .									
Estimated value of security: 1. Ma	rket Value (MV) Ksh								
·									
	DISBURSEMENT METHOD								
RTGS Chequ	ue Mpesa	Cash Pesa Link							
BANK DETAILS									
Account No									
Bank Name									
Bank Branch									
Mpesa Telephone No									
GUARANTOR'S INFORM	ATTON								
GOARANTON S IN ONT	Guarantor 1	Guarantor 2							
Name									
ID Number									
Postal Address									
Place of work									
Occupation									
PIN Number									
Mobile Number									
Work Telephone Number									
Email									
Relationship with client									
Residence Estate									
House No.									

GUARANTOR'S DECLARATION

I/We the undersigned hereby certify that the information provided above is true and further undertake to repay this facility fully (Principle + Profit + Penalties) in case of defaults by the applicant through all possible means. I/We consent to our guarantee information to be submitted to Credit Reference Bureau as provided by regulations.

	TION				
Witnessed by credit officer APPLICANT (S) DECLARA I/We declare that the informat	TION				
APPLICANT (S) DECLARA	TION				
APPLICANT (S) DECLARA [/We declare that the information of the infor	TION				
Credit Limited to verify the infinition connection with this applical may carry out credit checks wapplications for credit by me, a fraud prevention purposes.	formation given herein and cion and /or maintaining a cion and /or maintaining a cion that credit reference agence	make reference from a redit facility with FinCor y. This information ma	any person(s p Islamic Fin / be used by	orp Islamic F s)/institution(nance by FinC v other institu	(s) named hereir Corp Credit Limite Itions in assessin
Name of Applicant		Signature		Date	
	Name	Tel No.	Signa	ature	Date
Applicant's Spouse					
Applicant's Next of Kin					
Witnessed by credit officer					

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	r's approval / co						
Credit Officer's	signature			Date			
Credit Mana	ger's / Branch M	lanager's approval/co	mments				
Credit Manage	r's / Branch Manag	ger's signature		Date .			
BACK-OFF	I CE CHECKLI	ST (CREDIT ADMI	NISTRATION)				
		Tick	Item	Tick It	em	Tick	
Documentation	on Complete	Yes No	ID Copy		Business License Copy		
Previous Fac	ility Cleared	Yes No	PIN No. Copy Guarantors' ID copy		Colored Passport Photo Photo of Business & Home		
Comments							
Name/ Signatu				Date			
Credit Facil Status	lity Committee Tick	e Remarks			Amount		
Approved	TICK	Remarks			Amount		
Pending							
Rejected							
Committee	Name		Si	ignature	ı	Date	
1.							
2.							
3.							
4.							
Credit Comm	nittee general co	omments if any					