Business Loan Application Form

Your Thrive A/c no.: _____

Full Name of Applicant: _____

Business Name: _____ Reg. No. _____

Type of Business: (Limited Liability / Sole Proprietorship / Partnership)

Business Address: _____

_____ Owned or Rented _____

Landmark _____LGA:_____ State:_____

Phone No.: _____Email Address: _____

Years in Business: _____ Years at Current Address: _____

Average Monthly Sales (₦): _____

State clearly what your biz do and or sell: _____

_____

Number of Employees: _____

Key Owners & Directors	Ownership(%)	BVN & ID Type No.
1. _____	_____	_____
2. _____	_____	_____

Amount of Loan Requested (₦): _____

What do you need the loan for: _____

Loan Tenor (Months): _____

Provide detail of Proposed Collateral: _____

_____

Repayment Plan: Daily / Weekly /Fortnightly / Monthly

Existing Loans from other banks / lenders:

Bank Name & Account No	Loan Amount	Repayment	Balance
1. _____	N_____	N_____	N_____
2. _____	N_____	N_____	N_____

Name of Guarantors**	Relationship	Contact Address
1._____	_____	_____
2._____	_____	_____

**Each guarantor should complete the Guarantor Application Form along with this loan application form

I hereby declare that all information provided in this loan application form is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or termination of the loan agreement if already approved.

I expressly authorize the Thrive MFB and its authorized agents to verify the information provided in this application through all relevant sources, including but not limited to credit bureaus, the Central Bank's Credit Risk Management System (CRMS), National Identity Management Commission (NIMC), Bank Verification Number (BVN) database, financial institutions, employers, and other regulatory or reference bodies, for the purpose of credit assessment and risk evaluation.

Applicant Signature / Date: _____

Residential add.: _____**Owned or Rented**

Bank Relationship Officer Receiving Form / Date: _____