

# FORMS SMART LOAN APPLICATION FORM



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## FORMS SMART LOAN APPLICATION FORMS

Controller  Police Service  Other

Date  
D D / M M / Y Y

DSC  
\_\_\_\_\_

### 1. PERSONAL DETAILS

Mr.  Mrs.  Ms.  Miss.  Dr.  Prof.  Other (Please Specify) \_\_\_\_\_

Surname  
\_\_\_\_\_

First Name(s) and Other Name(s)  
\_\_\_\_\_

Date of Birth  
D D / M M / Y Y

Age  
\_\_\_\_

Place of Birth  
\_\_\_\_\_

Occupation  
\_\_\_\_\_

Nationality  
\_\_\_\_\_

Marital Status  
 Single  Divorced  Widowed  Married

Name of Spouse  
\_\_\_\_\_

Number of Children  Number of Dependents

Contact Number - Office  
\_\_\_\_\_

Workplace of Spouse  
\_\_\_\_\_

Contact Number - Mobile  
\_\_\_\_\_

Current Residential Address  
\_\_\_\_\_

Length of stay at Current Residence  
\_\_\_\_\_

Accommodation is:  Rented  Owned  Mortgaged  
Religion:  Christian  Islam  Traditional  Other (Please Specify) \_\_\_\_\_

Length of stay at Previous Residence  
\_\_\_\_\_

Place of Worship  
\_\_\_\_\_

Branch/location  
\_\_\_\_\_

Type of ID Card:  Passport  Voter ID  Driver Licence  Other (Please Specify) \_\_\_\_\_

ID Number  
\_\_\_\_\_

Date of Issue  
D D / M M / Y Y

Date of Expiry  
D D / M M / Y Y

### 2. EMPLOYMENT DETAILS

Name of Employer  
\_\_\_\_\_

Job Title  
\_\_\_\_\_

Payroll Number / Staff Number  
\_\_\_\_\_

Employer Contact  
\_\_\_\_\_

Retirement Date  
D D / M M / Y Y

Number Of Years Employed  
\_\_\_\_\_

### 3. FACILITY DETAILS

Amount Requested \_\_\_\_\_ Tenor \_\_\_\_\_

Purpose Of Loan \_\_\_\_\_ Affordability \_\_\_\_\_

Installment Amount \_\_\_\_\_

#### 4. EXISTING LOAN DETAILS

Name of Lending Institution	Total Outstanding Balance	Total Monthly Commitment
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 5. SSNIT/BANK DETAILS

SSNIT Number: <input type="text"/>	Account Number: <input type="text"/>
Name of Bank: <input type="text"/>	Branch: <input type="text"/>
Account Name: <input type="text"/>	

#### 6. NEXT OF KIN INFORMATION

Surname <input type="text"/>	First Name(s) and Other Name(s) <input type="text"/>
Date of Birth <input type="text"/>	Occupation <input type="text"/>
Nationality <input type="text"/>	Physical Address <input type="text"/>
Contact Number <input type="text"/>	Relationship to Applicant <input type="text"/>
Type of ID Card: <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Driver Licence <input type="checkbox"/> Other (Please Specify) <input type="text"/>	
ID Number <input type="text"/>	Date of Issue <input type="text"/> Date of Expiry <input type="text"/>

#### 7. DECLARATION BY APPLICANT

I, \_\_\_\_\_ of \_\_\_\_\_ (EMPLOYER), a customer of FORMS CAPITAL LTD hereby authorize FORMS CAPITAL LTD to

- debit an amount of \_\_\_\_\_ from my salary to accommodate monthly repayment on my loan.
- submit information on my credit transaction with FORMS CAPITAL LTD to a credit bureau licensed under Credit Report Act, Act 726, 2007
- obtain credit reports on me from a credit bureau licensed under this Act for the purpose of credit management.
- declare that the above information is true and valid. Any false information can and will bring legal sanctions against me.

Signature \_\_\_\_\_ Date:

#### 8. FOR OFFICIAL USE

Date Received

Credit Officer's Comments



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