



# GROOMING

MICROFINANCE BANK LTD RC 1433763  
Address: No 9b, Onile Aro Bus-stop, Ojoo, Ibadan  
Tel: 09087366621; Email: enquiries@groomingmfb.com



Client's  
Photo

(Type) \_\_\_\_\_ Loan Application Form  
(Please fill in capital letters)

Branch:..... State:..... Union:.....

Date of Application

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### Business Information of Applicant

- Last Loan received N ..... Date last loan was fully repaid .....
- Loan applied for (Principal amount) N .....
- Amount recommended by LO: N .....
- Loan Duration .....
- Do you have any family member registered with present Group: Yes  No  (If Yes mention name: .....)
- Amount of savings in passbook: N .....
- Business Experience (Years) .....
- Average monthly income: N .....
- Account Number: .....
- Arc you indebted to any (other) MFB/MFI: Yes  No
- If yes, please mention name & outstanding amount .....

### DECLARATION

I, ..... Daughter/wife of ..... Village/Town: .....

LGA..... State .....

Hereby sign this declaration voluntarily and in good faith on this  Day of  Month  Year.

This declaration will also be applicable to my heirs, caretakers, nominated representatives and other people concerned. **Grooming Microfinance Bank**, has approved a loan of N..... to me with service charge of .....%.

The total repayable amount N ..... will be repaid in ..... weekly/monthly equal installments. Untill the entire amount with service charge is fully repaid, **Grooming MFB** will have total control of all assets. I will abide by all the conditions herein stated and will repay the entire loan, regardless of the physical condition of the assets acquired by this loan. If I fail to repay the loan, **Grooming MFB** is free to recover the loan from the seizure and sales of my moveable and immoveable assets including using my savings balance in my passbook to recover the entire outstanding loan, and taking legal action against me. My heirs or I will have no objection to such action and if raised will not be valid in the court of law. I sign this declaration fully aware of the consequences in full mind and conscience.

Name: .....

Signature of Applicant: .....

Recommended by:.....  
(Name)

(Signature)

Leader: .....  
(Name)

(Signature)

Secretary: .....  
(Name)

(Signature)

One Member: .....  
(Name)

(Signature)