

PRIME ASSET HOUSING COOPERATIVE

CONSUMER LOAN FORM

Particulars of Customer

Names in Full (Mr. /Miss/Mrs./Chief/Dr.)_____

Mobile Phone No._____

Employer Name:_____

Home Address_____

Occupation _____ POSITION: _____

Item of Interest_____

Repayment Source_____

IF LESS THAN 2 YEARS, STATE PREVIOUS EMPLOYER:

HOW DO YOU INTEND TO REPAY? (Tick the one appropriate)

DAILY WEEKLY FORTNIGHTLY MONTHLY

Method: Cash Cheque/Salary Bank Draft

SECURITY PROPOSED:

Are You Currently Enjoying any Lease Facility (Tick the one appropriate)?

YES _____ NO _____

For office Use Only:

Item/Cost Approved_____ Total Value for Repayment_____

Rental_____ Tenor_____

Equity Contribution_____

Prepared by_____ Signature & Date_____

Authorized by _____ Signature & Date_____

Approved by _____ Signature & Date_____

