

FOR OFFICIAL USE

Loan Application No: _____

Existing Customer: YES NO

Date: _____

INSTITUTIONAL LOANS APPLICATION FORMS

Section 1 – Applicant Details

Applicant type: Sole Proprietor Partnership Liability Company
 NFPO Gov't Agency

Full legal name of applicant

Business Registration Number Tax ID Number Date of Incorporation

Number of years in business Industry Sector Number of Employees

Number of Directors Is your primary business location owned or rented?

Registered Business Address

Physical Address / Location

Business Telephone Business Fax Business E-Mail

Briefly describe the nature of your business

Section 2 – Shareholders and Management Details

Shareholders Details

Name	Age	Qualification	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Management Details

Name	Age	Position Held	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 3 – Person No. 1 Details

Relationship to applicant: Individuals Director Proprietor Partner
 Sole trustee Joint trustee

Title

Surname Other names

Residential Address

Mailing Address (If different from residential address)

Home Phone

()

Mobile Phone

()

Email Address

Date of Birth (DD / MM / YYYY)

Gender (M or F)

Marital Status

Nationality

ID Type **Tick one** (NHIS/Driver's License/Voter's ID/Passport)

No. of Children

Other dependants

% Ownership

Years with company

SSF No.

Contact Person? (Y/N)

Existing Customer? (Y/N)

Person No. 2 Details

Relationship to applicant: Individuals Director Proprietor Partner
 Sole trustee Joint trustee

Title

Surname Other names

Residential Address

Mailing Address (If different from residential address)

Home Phone

()

Mobile Phone

()

Email Address

Date of Birth (DD / MM / YYYY)

Gender (M or F)

Marital Status

Nationality

ID Type **Tick one** (NHIS/Driver's License/Voter's ID/Passport)

No. of Children

Other dependants

% Ownership

Years with company

SSF No.

Contact Person? (Y/N)

Existing Customer? (Y/N)

Section 4 – Finance Required

Each applicant can have a maximum of 4 facilities.

	Amount	Purpose
Facility 1	<input type="text"/>	<input type="text"/>
Facility 2	<input type="text"/>	<input type="text"/>
Facility 3	<input type="text"/>	<input type="text"/>
Facility 4	<input type="text"/>	<input type="text"/>

Facility Type	Facility 1	Facility 2	Facility 3	Facility 4
Proposed repayment period	<input type="text"/>			
Total loan amount	GH¢ <input type="text"/>			

Section 5 – External Credit Information

For every credit facility you currently have with other institutions. Fill out the following

	Amount Borrowed	Balance GHS	Expiry Date	Security Offered	Institution
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 6 – Bankers and Signatory Details

Who are your Bankers? Provide details below

	Bank	Branch
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

Who are the authorized signatories to these accounts? Provide details below

	Name	Position Held
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>

Section 7 – Contract Details

Provide details on orders/contracts executed during the past six months (if any)

	Customer	Order Value GHS	Source of Funds
1.			
2.			
3.			
4.			

Section 8 – Auditor Details

Who are your Auditors? Provide details below

Firm's Name	Contact Person
E-mail Address	Contact Number
	()
Address	

Section 9 – Security Details

Vehicle(s)

	Description	Reg'n No.	VIN No.	Est. Value GH¢
1.				
2.				
3.				

Land & Buildings

	Description	Location	Est. Value GH¢
1.			
2.			
3.			

Deposits / Other Financial Instruments / Other Securities

	Description	Location	Est. Value GH¢
1.			
2.			
3.			

Security details Cont'd

Guarantor (If Any)

Title

Surname

Other names

Residential Address

Mailing Address (If different from residential address)

Home Phone

()

Mobile Phone

()

Email Address

Date of Birth (DD / MM / YYYY)

Gender (M or F)

Marital Status

Nationality

ID Type **Tick one** (NHIS/Driver's License/Voter's ID/Passport)

No. of Children

Other dependants

% Ownership

Years with company

SSF No.

Contact Person? (Y/N)

Existing Customer? (Y/N)

Section 10 – Supporting Documents Checklist

The following must be provided with this application

The Business:

- Certificate of incorporation
- Certificate to Commence Business
- Memorandum of Understanding
- Tax Clearance Certificate
- Bye laws & regulations
- Bank Statements for the last 3 months
- Audited Financial Statements for the last 3 years

The Project:

- Cash flow projections for the project to be financed
- Copies of any documents that proves the contract exists
- Intended use of funds (Itemized)

Each Director / Guarantor:

- Passport sized photograph
- Photocopy of ID
- Work permit + Residence permit (If foreigner)

OFFICIAL USE ONLY

Receiving Officer

Date

I hereby certify that all required documentation have been attached herewith by the applicant and I have confirmed all attached documents to be valid.

Signature

Declaration and Consent by Applicant

1. You acknowledge that if your application is approved, it will be subject to Darfin Finance Company Limited (hereinafter referred to as the Credit Provider) loan terms and conditions.
2. You acknowledge and agree that regardless of whether this application is approved or your loan proceeds to settlement, you agree to pay us any costs that we advise you will be incurred when you authorize us to instruct solicitors, valuers or other experts relevant to your loan application.
3. You declare that any information contained in this application including all financial information is true and correct.
4. You hereby authorize the Credit Provider to contact all persons, parties, institutions necessary to obtain information relevant and needed to facilitate the appraisal of this loan application. This agreement also prohibits the Credit Provider from divulging or offering this confidential information to any persons, parties or institutions except those persons constituting the Credit Provider's Loan Review Committee or any other person necessary to facilitate the appraisal of this loan application.
5. You hereby represent that there are no encumbrances against any of the foregoing property except those specifically disclosed above. The Credit Provider is fully authorized to verify the disclosed information and carry out a credit investigation.
6. The undersigned authorizes the Credit Provider to give information to any credit reporting service and to advise any such organizations about the applicant's credit experience with Darfin Finance Company Limited. The undersigned also agrees that any financial statements submitted shall remain property of Darfin Finance Company Limited whether or not credit is granted and that all documentation will be maintained to protect confidentiality in accordance with applicable laws.

Signature of Directors and Guarantor (If Any)

Signature

Name

Date (DD/MM/YYYY)

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Signature

Name

Date (DD/MM/YYYY)

--	--	--	--	--	--	--	--	--	--

Signature

Name

Date (DD/MM/YYYY)

--	--	--	--	--	--	--	--	--	--

By providing your signature above you are:

- Declaring that all personal information about you provided in this application together with information included in any supporting documents is true, correct and complete.
- Agreeing that your personal information may be collected, used and disclosed in the manner necessary for the appraisal of this loan application.