KOINS MICROFINANCE BANK

...creating success stories.

RC No. 7201635

EASY MONEY LOAN TOP-UP/RENEWAL FORM

PERSONAL DETAILS

Surname: | First Name: | First Name:

LOAN DETAILS

Bank Name: | Account Number:

BVN: | NIN:

Loan Type *(Please tick as appropriate)*: Top-up: ☐ Renewal: ☐

Amount Requested: ₦ | Tenor:

Has any of the following information (employment status, address and phone number) changed since you last transacted with Koins MFB?

Yes ☐ No ☐ If yes, please complete the Bio data section

BIO DATA SECTION

Phone Number: | Email:

Home Address:

LGA: | State: | Landmark:

Time at current address: | Years: | Months:

NEXT OF KIN DETAILS

Name:

Home Address:

Phone Number: | Date of Birth: DD/MM/YYYY | Relationship:

EMPLOYMENT DETAILS

Employer Status: Employed: ☐ Self-Employed: ☐ Unemployed: ☐ Retired: ☐ Student: ☐ Other: ☐

If others, kindly specify: | Date of Employment: DD/MM/YYYY

Full Time: ☐ Part Time: ☐ Contract Staff: ☐

Name of Employer:

Address of Employer:

Landmark:

IPPIS/Oracle Number:

Signature:

Date: DD/MM/YYYY

Please note that for loan top up, the terms and conditions contained in the loan application form, executed by yourself on your existing loan remain the same until advised otherwise.

MEMORANDUM OF ACCEPTANCE

I, ...hereby confirm that I have reviewed and accepted the terms and conditions in this Loan Agreement, and waived the following: (i) two (2) days minimum review period, and (ii) the three (3) days cooling period to cancel the Loan Agreement without incurring any penalties or charges as prescribed by the Central Bank of Nigeria. I equivocally acknowledge and agree that if any payment(s) due to Koins MFB is not debited and/or remitted by the Central Deduction Platform or any other deduction platform of the Bank, I shall be personally responsible for fully paying such outstanding sums directly to Koins MFB. If I fail to make such payments directly to Koins MFB within forty-eight (48) hours of being informed by Koins MFB regarding the non-receipt of my outstanding payment, Koins MFB is authorized to: (i) charge default interest on the outstanding amounts, and (ii) execute recovery action deemed fit to recover the outstanding principal sum and accrued interests from me, without further notice.

Signature: **Date:** DD MM YYYY

AUTHORITY TO DEBIT

I Mr./Mrs./Miss.....authorize and direct Integrated Payroll and Personal Information System (**IPPIS**) Unit, of office of the Accountant General of the Federation Abuja, to deduct ₦..... from my monthly salary, for a period of ..... Months, commencing from ..... to ..... as monthly repayments, for Koins Microfinance Bank Easy Money Loan.

My Details are as follows:

IPPIS NUMBER:

MINISTRY/DEPARTMENT/AGENCY:

UNIT: TELEPHONE:

I certify that the information provided is correct. This shall be your good and sufficient authority for so doing.

Name of Applicant:

Signature: **Date:** DD MM YYYY