

# PERSONAL LOAN APPLICATION FORM



Please complete in BLOCK LETTERS and "☑" or "☒" where applicable

Branch \_\_\_\_\_ Account No. \_\_\_\_\_

## PERSONAL DETAILS

Title: (please tick) Mr.  Mrs.  Ms.  Dr.  Prof.  Other.

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Gender (please tick)  Male  Female

Date of Birth         ID No. \_\_\_\_\_

## OTHER CUSTOMER DETAILS

Marital Status: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

Existing Customer:  New Customer:

## SPOUSE DETAILS

Title: (please tick) Mr.  Mrs.  Ms.  Dr.  Prof.  Other.

First Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Surname: \_\_\_\_\_ Occupation: \_\_\_\_\_

National ID No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

## CONTACT DETAILS

Residential Address \_\_\_\_\_ Home No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email: \_\_\_\_\_

Years at Current Address: \_\_\_\_\_

Years at previous Address (if years at current address is less than 3years): \_\_\_\_\_

## NEXT OF KIN

Title: (please tick) Mr.  Mrs.  Ms.  Dr.  Prof.  Other.

First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Surname: \_\_\_\_\_ Employer: \_\_\_\_\_

National ID No. \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Work No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Address \_\_\_\_\_



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## DECLARATION

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I/we \_\_\_\_\_ declare that the information in this application is true and complete. I/we authorise African Century Limited to verify this (including contacting my current employer or other banks or institutions I/we currently have accounts with). I/we consent African Century Limited to check my credit record with any credit reference, agencies with regular update about the conduct of my accounts including the sensitive information. I/we consent to African Century Limited to carrying out identity and fraud prevention checks. I/we also agree to meet the terms and conditions. I/we further acknowledge that I/we have received, read and understood ACL's prevailing general account terms and I/we agree to be bound by them in connection with all accounts opened by me/us with ACL.

Signature(s) of Customer: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

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## FOR OFFICE USE ONLY

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Recommended by \_\_\_\_\_ Date \_\_\_\_\_

Designation \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Designation: \_\_\_\_\_