

Please attached  
one (1) recent  
Passport  
Photograph

# SOLITRUST INVESTEMENT THRIFT & CREDIT COOPERATIVE SOCIETY LIMITED

Head Quarters: Hajjar Place, Plot 1349, Ahmadu Bello Way, Garki, Abuja.

Tel: +234 802 559 7656, +234 803 615 8014



## Loan Application Form.

TO BE COMPLETED IN BLOCK LETTERS PLEASE.

All information provided here will be treated  
as **CONFIDENTIAL**.

### Loan Condition:

- i) SOLITRUST Cooperative Loan can only be accessed by Members at 10% monthly interest rate.
- ii) All loans collected can only be serviced twice and must be fully paid in or by the 3<sup>rd</sup> month

### Applicant's Details:

Name in Full: \_\_\_\_\_

Home Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

Mobile Numbers: \_\_\_\_\_ BVN Number: \_\_\_\_\_

### Loan

Amount required in words: \_\_\_\_\_

Amount required in figures: \_\_\_\_\_

Reason for taking Loan: \_\_\_\_\_

Loan Duration: \_\_\_\_\_ Date Loan is required: \_\_\_\_\_

Salary/Income Per-Annum: \_\_\_\_\_ Salary Date: \_\_\_\_\_

### Account Details if loan is granted

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

Account Number: \_\_\_\_\_ Bank Name: \_\_\_\_\_

### Declaration

I hereby declare that all information provided above is true. I accept to borrow and repay the above-mentioned sum of money from SOLITRUST at 10% monthly interest rate in reducing balance and to abide by the maximum loan duration as agreed.

Based on this:

1. I promise to repay the loan on or before the due date or service the loan as required
2. I authorize SOLITRUST Cooperative Society Ltd to confiscate and sell any of my belongings at whatever rate to recover their money if I default.
3. I agreed that I lost my legal right should SOLITRUST do anything to me to recover their money in the event of default: Borrowers Signature \_\_\_\_\_

Attached are copies of my office ID-card and one Valid means of ID in Nigeria (Driver's license, International passport, national ID, or Voters Cards) - **Compulsory**

Thank you.

.....

Name and Signature

...../.....

Date/Phone No.

.....

Name and Signature of Guarantor

...../.....

Date/Phone No.

.....

Name and Signature of SOLITRUST Representative

...../.....

Date/Phone No.