****

**LIFE ENHANCEMENT MICROFINANCE INSTI.RC: CRS 18182**

Passport

80 Marian Road, Opp. Federal Pay Office, Calabar

Tel: 08188677649

**SOFT LOAN/OVERDRAFT APPLICATION FORM**

This Application attracts a non-refundable fee of ₦2,000.00, 5,000.00, 10,000.00 and must be submitted with two recent passport size photographs of the applicant and the guarantors (s)

**PERSONAL DATA**

NAME:…………………………………………………………………………………………………………………

OCCUPATION/BUSINESS:…………………………………………………………………………………….

OFFICE/BUSINESS ADDRESS:……………………………………………………………………………….

RESIDENTIAL ADDRESS:……………………………………………………………………………………….

PHONE NUMBER:………………………………………………………………………………………………..

MARITAL STATUS:……………………………………………………………………………………………….

ARE YOU INDEBTED TO ANY PERSON (S) YES/NO:………………………………………………

IF YES, HOW MUCH:……………………………………………………………………………………………

TO WHO: ……………………………………………………………………………………………………………

PERSON TO CONTACT INCASE OF EMERGENCY:…………………………………………………

ADDRESS:……………………………………………………………………………………………………………

TEL. NO:……………………………………………………………………………………………………………..

**PROPOSED PROJECT**

AMOUNT OF LOAN/OVERDRAFT REQUIRED: ……………………………………………………….

REASON FOR REQUESTING:………………………………………………………………………………..

PROPOSED PROJECT:………………………………………………………………………………………….

LOCATION OF PROJECT:……………………………………………………………………………………..

DURATION:30 Days ( ) 60 Days ( )90 Days ( )120 Days ( )150 Days

( ) 180 Days ( ) Others ( ) ( )

**APPLICANT BANK ACCOUNT DETAILS**

Name of Account: ……………………………………………………………..

Name of Bank: ……………………………………..…………………………...

Account No: ……………………………………………………………………...

B.V.N: ……………………………………………………….……………………....

**APPLICANT LEM ACCOUNT DETAILS**

Type of Account(S) ………………………………………………………

Date Opened ………………………………………………………………

Current Balance (Credit): …………………………………………………

Current Indebtedness: ……………………………………………………..

No. of Loan Cycle: …………………………………………………………

Name of Applicant: ……………………………………………………………………….

Address: ……………………………………………………………………………………

Telephone No: ……………………………………………………………………………..

Signature: ………………………………………………………………………………….

Date: ………………………………………………………………………………………..

Passport

**LIFE ENHANCEMENT MICROFINANCE INST.**

80 Marian Road, Opp. Federal Pay Office, Calabar.

**GUARANTOR( ) /CO-DEBTOR ( )**

I ………………………………………………………………..hereby voluntarily accept to be a Guarantor/Co-debtor to Mr/Mrs……………………………………………………………in

Respect of the friendly Loan facility granted Mr/Mrs………………………………………….

of No…………………………………………………………………………………………….

for the Sum of ₦………………………………………………………………………………...

**GUARANTOR/ CO-DEBTOR PERSONAL DATA**

Name: …………………………………………………………………………………………..

Address (Home): ……………………………………………………………………………….

Address (Business): …………………………………………………………………………….

Type of Business: ………………………………………………………………………………

Address of Business: …………………………………………………………………………

Name of Employer: …………………………………………………………………………….

Position Attained: ………………………………………………………………………………

**UNDERTAKING (DEFAULT/PENALTY)**

Upon default of repayment of the friendly loan granted

Mr/Mrs………………………………………………………………………………………….

For the sum of ₦…………………………………………………..Beyond 7 days grace period

from the due date. I hereby authorized the organization to take necessary steps to recover same from me inclusive of the interest accrued Thereon from either goods in my shop or my home appliances or both.

Furthermore, in the case of death or permanent incapacitation of the borrower (Name of Borrower: ……………………………………………………………) I hereby undertake to pay all outstanding indebtedness to the institution.

**BANK DETAILS OF GUARANTOR/ CO-DEBTOR**

Name of Account: ………………………………………………..

Name of Bank: …………………………………………………...

Account No: ……………………………………………………...

B.V.N: …………………………………………………………....

Name: ……………………………………………………………..

Address: ……………………………………………….………….

Signature: ……………………………………................................

Tel No: ……………………………………………………….…...

**LIFE ENHANCEMENT MICROFINANCE INST.**

Passport

80 Marian Road, Opp. Federal Pay Office, Calabar.

**GUARANTOR( ) /CO-DEBTOR ( )**

I ………………………………………………………………..hereby voluntarily accept to be a Guarantor/Co-debtor to Mr/Mrs……………………………………………………………in

Respect of the friendly Loan facility granted Mr/Mrs………………………………………….

of No…………………………………………………………………………………………….

for the Sum of ₦………………………………………………………………………………...

**GUARANTOR/ CO-DEBTOR PERSONAL DATA**

Name: …………………………………………………………………………………………..

Address (Home): ……………………………………………………………………………….

Address (Business): …………………………………………………………………………….

Type of Business: ………………………………………………………………………………

Address of Business: …………………………………………………………………………

Name of Employer: …………………………………………………………………………….

Position Attained: ………………………………………………………………………………

**UNDERTAKING (DEFAULT/PENALTY)**

Upon default of repayment of the friendly loan granted

Mr/Mrs………………………………………………………………………………………….

For the sum of ₦…………………………………………………..Beyond 7 days grace period

from the due date. I hereby authorized the organization to take necessary steps to recover same from me inclusive of the interest accrued Thereon from either goods in my shop or my home appliances or both.

Furthermore, in the case of death or permanent incapacitation of the borrower (Name of Borrower: ……………………………………………………………) I hereby undertake to pay all outstanding indebtedness to the institution.

**BANK DETAILS OF GUARANTOR/ CO-DEBTOR**

Name of Account: ………………………………………………..

Name of Bank: …………………………………………………...

Account No: ……………………………………………………...

B.V.N: …………………………………………………………....

Name: ……………………………………………………………..

Address: ……………………………………………….………….

Signature: ……………………………………................................

Tel No: ……………………………………………………….…...

**LIFE ENHANCEMENT MICROFINANCE INST. RC: CRS 18182**

80 Marian Road, Opp. Federal Pay Office, Calabar.

Tel: 08166938895, 08188677649

**PARTICULARS OF SECURITY/COLLATERAL**

1. **…………………………………………………………………………………………**
2. **………………………………………………………………………………………….**
3. **………………………………………………………………………………………….**
4. **………………………………………………………………………………………….**
5. **……………………………………………………………………………………….....**
6. **………………………………………………………………………………………….**

**DEFAULT/PENALTY**

Upon default of payment of the loan and the interest as contained in your application letter after 7 days by which the payment is due as contained in the letter of offer and acceptance, the Institution shall take possession of the security used to guarantee this loan/overdraft or/and shall dispose of the security/asset without recourse to you to recover our money or the Institution shall demand or/and compel the guarantor and the co-debtor to make good the sum due by the borrower.

**Name of Applicant:……………………………………………………………………….**

**Signature:………………………………………………………………………………….**

**Date:………………………………………………………………………………………..**



**RC: CRS 18182**

**LIFE ENHANCEMENT MICROFINANCE INST.**

80 Marian Road, Opp. Federal Pay Office, Calabar.

E-mail: [lifeenhancement@yahoo.com](mailto:lifeenhancement@yahoo.com), [www.lifeenhancement.com](http://www.lifeenhancement.com)

Tel: 08166938895, 08188677649.

Date: …………………………………….

Name: …………………………………………………..

Address: …………………………………………………………………………………………………

Dear Sir/Madam,

,

**OFFER & ACCEPTANCE LETTER**

Your application dated: ………………………………………………. for a friendly Loan/Overdraft for ₦………………………….(amount in words:………………………………………………………

……………………………………………..) for the purpose of:…………………………….. is hereby approved as follows:

Amount: ₦………………………………………..(…………………………………………………….)

Grace period from:……………………………………………..To:…………………………………….

Repayment from:……………………………………………….To:…………………………………….

Duration:………………………………………..To be liquidated on:…………………………………..

Pricing: Interest:…………………………………………per month

Processing Fee:…………………………………

Managing Fee:………………………………….

Default Fee:…………………………………….

Yours faithfully,

For: LIFE ENHANCEMENT MICROFINANCE INST.

………………………………. ……………………………

***President Credit Officer***

……………………………………………………………………………………………………………

The President,

Life Enhancement Microfinance Inst.

Sir/Madam

**ACCEPTANCE**

Mr/Mrs: I………………………………………………………………………………………..

Address:…………………………………………………………………………………………

Do accept your letter of offer for Loan/Overdraft as per my application dated………….....and the condition precedent and do sign by acceptance thereto

For: #..................................................Dated……………………………..Sign………………...

**FOR OFFICE USE ONLY**

Name of Marketer:………………………………………………Marketer’s code:………………………………..

Form Processed by:………………………………………………Date:…………………….Sign:………………..

Authorized by:…………………………………Designation:…………………Date:……………..Sign:…………

**The President**

Life Enhancement (Microfinance Institution)

80 Marian Road

Calabar.

**LETTER OF INDEMNITY**

In consideration of your giving financial accommodation to us/me, vide your offer letter of ……………………………………………. 20…… I ………………………………………………………………………………. Of …………………………………………………………… hereby IRREVOCABLY UNDERTAKE TO INDEMNIFY the Institution for any loss, action or damage whatsoever which the Institution may suffer in the event of the outstanding not being paid by me for any reason whatsoever.

For the avoidance of doubt, We/I ……………………………………………………………………………… by virtue of this Letter of Indemnity put myself in a position for the purpose of performing the obligations contained in the letter of offer dated …………………………………………………………. 20……….

We/I further authorize you to make a demand/claim from us/me in respect of our/my indebtedness (plus interest) and obligations to your good selves at any time.

We/I further authorize the Institution in the event of default of the repayment terms to take possession of our/my goods, assets in my shop/home to recover our/my outstanding indebtedness to the Institution. And or dispose of the asset(s) used as collateral for the facility.

We/I waive all rights of protest counterclaim and/or any defense whatsoever that may ordinarily be available to us/me in respect of this transaction.

Also, the institution is hereby authorized to debit us/my account for any outstanding arising from this transaction without any recourse to us/me.

The powers and remedies given to the Institution by this indemnity shall be in addition and without prejudice to all other rights, powers and remedies available to the Institution under the Laws of the FEDERAL REPUBLIC OF NIGERIA.

Name: ……………………………………………………………..…………………………….

Signature: ……………………………………......................................................

Date: …………………………………………………………….….................................

**LIFE ENHANCEMENT MICROFINANCE INSTITUTION APPROVAL SHEET**

**BORROWER: ………………………………………………………..**

**BRANCH: ………………………………………………………………**

**DATE: …………………………………………………………………..**

**SECTION A: RECOMMENDATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **DESIGNATION** | **NAME** | **COMMENT** | **SIGNATURE & DATE** |
| ACCOUNT OFFICER |  |  |  |
| BRANCH MANAGER |  |  |  |

**SECTION B: CONCURRENCE, CONFIRMATION OF DOCUMENTATION &**

**DISBURSEMENT APPROVAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **DESIGNATION** | **NAME** | **COMMENT** | **SIGNATURE & DATE** |
| AREA MANAGER |  |  |  |

**SECTION C: AUTHORIZATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **DESIGNATION** | **NAME** | **COMMENT** | **SIGNATURE & DATE** |
| GENERAL MANAGER |  |  |  |