



FORTUNE SUPPORT MICRO-CREDIT

P.O. Box CT2537 Cantonments-Accra
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INDIVIDUAL/BUSINESS LOAN APPLICATION FORM

SECTION 1: CUSTOMER INFORMATION

First Name:		Surname:	
Business Name (if different):		Home Town:	
Loan Cycle:	Gender:	Marital Status / Name:	
Date of Birth:	Residential Address		
Tenant/Owner/Family/Duration:		Nationality:	
GPS Address:	Type of ID/No.:		
Dependent(s):	Estimated Daily sales:	Estimated Daily Expenses:	
Type of Business:		Place of Worship:	
Residential/Business Location:			
Postal Address:			

SECTION 2: LOAN REQUEST

Loan Amount : GHS	Mobile #:		
Previous Loan Amount(if any):	Desired Repayment Period:		
Purpose of Loan:	Interest Rate:	Income: GHS	
Primary Source of Repayment:	Secondary Source of Repayment:		

SECTION 3: WORKING CAPITAL INFORMATION(Prepared on the date of stock taking) IN GHS

Cash-In-Hand		Overdraft	
Cash with other banks		Bal on goods purchased on credit	
Bal. on goods sold on credit		Monies owed to others	
Stock of Goods		Other payables	
Total		Total	

SECTION 4: SECURITY OFFERED

1. Guarantee fund 2. Guarantor 3. Receivables/Stock 4. Building /Vehicles

SECTION 5: EXISTING/PREVIOUS LOAN AMOUNT

List any paid off or outstanding credit facility with **FORTUNE SUPPORT MICRO CREDIT** or other Financial Institution

Name of Company	Loan Granted	Expiry Date	Date paid off/Oust. Bal.

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REF:

BUSINESS ASSESSMENT FORM

Graphical Location to Residence and Residential Address

I certify that the information provided above is true and I am aware that detection of any false declaration renders my application void

Applicant's Signature/Thumbprint Date:

Credit Officer's Comment – Comment on applicant's suitability for the facility based on their character, capacity, capital, cash flow, security, working capital and conditions.

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Recommended Amount: GHS

Name of Credit Officer

Signature

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Manager

Approved Amount: GHS..... Loan Term Interest Rate per Month.....

Sign:

Date: