



VCL MICROFINANCE BANK LIMITED

70 OLD ABEOKUTA ROAD, AGEGE, LAGOS

VCL GET GROWING ACCOUNT [VGG] APPLICATION FORM

RECENT
PASSPORT
PHOTOGRAPH

PERSONAL & OTHER DATA

Name: +
Surname Other names

A/c No.: Age: Marital Status: Tel:
Residential Address:
Business/Shop Address:
Date of Establishment: Type of Business:
Next of Kin: Relationship: Tel:
Address of next of kin:

FACILITY REQUIRED

Amount: ₦ In words:
Mark up: # Tenor: Purpose:
Source of Repayment:
Desired Method of Repayment: Daily Weekly: Monthly:
Proposed Security: Two guarantors & Mandatory Savings 33.3% of Facility Granted: #
Additional Collateral: Yes ☐ No ☐
(Specify):
Bank Verification number:

CREDIT HISTORY

Have you ever borrowed from **VCL Microfinance Bank Ltd**? Yes ☐ No ☐
Amount: Tenor: Disbursement Date:
When was the balance paid?

DECLARATION

I hereby confirm that that the above
information is correct to the best of my knowledge and authorize **VCL Microfinance Bank Ltd**. To
make whatever inquiries it may deem fit for the purpose of the application. I also confirm that the
granting of this facility is not automatic but subject to a satisfactory assessment of **VCL Microfinance
Bank Ltd**.

Signature:
(Affix N50 Stamp)

Date: