BABS & FRIENDS CARE FOUNDATION



NON-INTEREST REVOLVING LOAN

PLEASE

AFFIX

YOUR

PASSPORT

PERSONAL DAT	A				
Full Name: *	First Name	Middle Name	Last Name		
	First Name		Last Name		
Birth Date: *		Phone Number: *			
Residential Add	ress: *				
LGA of Origin: *	.	State of Origin:	_ State of Origin:		
Email					
Means of Ident	ification * Voter's Ca	ard National ID	Others Specify		
LOAN INFORMA	ATION				
Account Name:					
Account Number	er:	Bank:			
Loan Amount: .		. Loan Duration:			
Loan Purpose: .					
Loan amo	ONDITION alid for three (3) months pount available is between a g at Repayment date disq	N 20,000 to N50,000 or	•		
videos, and any	ive my consent to Babs and of the constant of the constant of the condition website and of the condition website and conditions.	to this financial loan be	enefits for the exclusive		
Na	 me		Signature/Date		

Zenith Bank: 1218480259 UBA:1024488687

PLEASE

AFFIX

YOUR

GUARANTOR'S FORM

I TOOK
PASSPORT

Title:	Surname:	Other Names:
Date of Birth:		Phone Number:
Home Address:		
Residential Address	:	
LGA:	State o	of Origin:
Gender:	Marita	l Status:
Means of Identifica	tion:Ident	tification Number:
Employment/Busin	ess Details	
Email:		
	UNDE	RTAKING
N in favo I understand that t	our of he above-named applicar	stand to guarantee in the sum of
to the following; 1. That the info 2. That the appl 3. That I will pro 4. That I irrevoc any loss suffe 5. I undertake to	rmation provided on this icant is of good character duce him/her if the need ably and unconditionally red as a result of the apporate make such payment that written demand.	form are valid and authentic. The fit and proper to be considered for the loan.
conditions pr	operly before giving my c	consent to stand as a guarantor. Signature/Date

Zenith Bank: 1218480259 UBA:1024488687

Loan Repayment: Three (3) Months from the day of Approval.

Application Number	i.	Date				
Form Checked by						
Signature/Date						
Amount Approved						
Payment Authorized By						
Signature						
Due Refund Date:						

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