NOUVOBANQ

APPLICATION FOR OVERDRAFT FACILITY

DATE:

NAME OF
APPLICANT:

NATIONALITY: SEYCHELLOIS / NON SEYCHELLOIS   AGE: YRS

ADDRESS: PHONE NOS: HOME:
                                                                 OFFICE:

OCCUPATION: HOW MANY
                                                      YEARS SERVICE:

EMPLOYER'S
NAME AND ADDRESS:

NET MONTHLY SALARY: OTHER INCOME:

TOTAL MONTHLY EXPENSES: VALUE OF ASSETS HELD:

AMOUNT OF OVERDRAFT REQUIRED:

PERIOD FACILITIES REQUIRED:

PURPOSE:

SOURCE OF REPAYMENT:

* MY SALARY RECEIVED IN CASH / CHEQUE / DIRECT PAYMENT BY EMPLOYER TO BANK.
* DELETE WHICHEVER IS NOT APPLICABLE.

SECURITIES OFFERED:

IF GUARANTOR OFFERED:

(1) NAME OF GUARANTOR:

(2) ADDRESS OF GUARANTOR:

(3) GUARANTOR'S MONTHLY INCOME:

(4) GUARANTOR'S BANKERS:

(5) GUARANTOR'S EMPLOYER:

I confirm that the information contained in this application is a true and exact declaration. I understand that the bank may at its discretion dishonour / return unpaid, any cheques which have been drawn by me which may exceed the authorised limit. The bank may also at its discretion recall these facilities at any time. I also accept that if I issue any cheque without having sufficient balance or exceeding my limit, the bank is entitled to recover SCR 200/= as penalty fee for cheque returned.

....
Signature of applicant

FOR BANK USE ONLY

ACCOUNT OPENED:

PREVIOUS FACILITIES:

INTEREST RATE APPLICABLE:

APPRAISER'S COMMENTS AND RECOMMENDATION

MANAGER'S COMMENTS AND APPROVAL