

INDIVIDUAL BUSINESS LOAN APPLICATION FORM



PostBank
EMPOWERING YOU

Branch		Date:	DD / MM / YYYY	Officer's Name:		PHOTO
Operational Account Number <i>(To which loan shall be disbursed)</i>						
Loan Account Number <i>(To be filled by Bank Official)</i>						
A. Application No.						
B. Sector	<input type="checkbox"/> Trade & commerce <input type="checkbox"/> Building & Construction <input type="checkbox"/> Education <input type="checkbox"/> Manufacturing <input type="checkbox"/> Mining & Quarrying <input type="checkbox"/> Transport & Communication <input type="checkbox"/> Business Services <input type="checkbox"/> Electricity & Water <input type="checkbox"/> Others.....					
C. Individual Applicant Details						
Surname:		Date of Birth:	DD / MM / YYYY			
Other Name(s):						
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Type of ID Card:	<input type="checkbox"/> National ID <input type="checkbox"/> Passport		ID Card No:			
ID Card No:			ID Card Expiry Date:			
Tax Identification No:			Financial Card No:			
Contact Details						
Mobile Phone No:			P.O Box No:			
Other Phone No:			Postal Office:			
Email: (Personal)						
Residential Details <i>(Please provide a sketch map to the residence)</i>						
Home Ownership	<input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Other		Period at residence:			
District			Village/County:			
Community Role (If any)			Schooling Children(No.)			
Spouse(s) Details						
Names:						
Mobile Phone No:			E-mail:			
D. Business Activity Details						
Physical Location	District:		Town/City:		Village Parish or County:	
	LC 1 Zone:		Street Name:		Plot No or Shop No:	
Business Premises Ownership	<input type="checkbox"/> Rented <input type="checkbox"/> Owned		No. of Years:			
No of employees	Temporary No _____		Permanent No _____			
E. Loan Details						
Loan Purpose						
Loan Amount			Loan Repayment Period	_____ Months		
Amount in words						
Repayment Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi- monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Tri-annually <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually					
Repayment Capacity	How much can you pay easily?					
Loan Budget (Stock, Wages, Rent, Equipment Purchase, Utilities, Taxes, BOQs etc)						
Item	Amount Requested				Required Date	
F. Bancassurance Product Offering						
<input type="checkbox"/> Group Family Protection <input type="checkbox"/> Individual Life Protection <input type="checkbox"/> Motor Comprehensive <input type="checkbox"/> Fire <input type="checkbox"/> Homeowners Insurance <input type="checkbox"/> Third Party Insurance <input type="checkbox"/> Travel Insurance <input type="checkbox"/> Others _____						
(Fill & Sign off Proposal form for your insurance choice & KFD)			PostBank Bancassurance is regulated by the Insurance Regulatory Authority of Uganda.			

Declaration:

I/We declare that the information given in this form is true and complete and understand that any misstatements in the information provided in this form may lead to automatic disqualification of this application.

Pledge:

- In the event of the loan applied for being granted and accepted by me, I agree to be bound by the rules of PostBank, I undertake to sign all such documents as may be required to secure a PostBank Agricultural loan facility and to pay all costs in connection therewith as will be specified u I acknowledge liability for the administration fees and wasted costs incurred by PBU or its lawyers in the event of my failure to meet my loan obligations that may lead to forced recovery.
- I agree that PostBank may, at its discretion and at any time repossess and dispose off the animals,equipment and stock acquired with the loan, together with any other security pledged if i fail to meet my loan repayment obligations either in part or wholly u I/We declare that the information given in this form is to the best of my/our undrestanding and is correct. I/We also understand that any misstatements in the information provided in this form will lead to automatic disqualification of this application.

Credit Reference Bureau consent:

WHEREAS the Central Bank of Uganda hereinafter referred to as BOU appointed, The Credit Reference Bureau hereinafter referred to as the Bureau to collect and maintain data regarding borrower from all Financial Institutions regulated by BOU.

AND

WHEREAS PostBank Uganda Limited hereinafter referred to as PostBank is a Financial Institution regulated under the Financial Institutions Act and has entered into an agreement for data collection and maintenance with the Bureau; IT IS HEREBY AGREED AS FOLLOWS:

For purposes of PostBank performing its statutory assessment of its customer's credit worthiness by cross checking my/our credit status with the Credit Reference Bureau, established under the Financial Institutions Act No. 2 of 2004, I hereby consent that;

- a) PostBank may receive, share, or exchange with the Bureau any relevant financial information/data about me/us supplied to it by any financial institution.
- b) PostBank may issue any reports whether positive or negative regarding my/our economic, financial, and commercial obligations and confidential information contained therein to the Bureau.
- c) PostBank may collect my/our personal information including fingerprints, photographs, name and contact details and any other identifying information, which I/We undertake to avail whenever required, and thereafter forward the same to the Bureau.
- d) PostBank may issue a card with all or any of the information in(c) above to be used to link the credit profiles and financial information kept by the Bureau to me/us for PostBank, the Bureau or any other financial or authorized institution with a compatible card reading device to verify my/our identity and credit record. I/We have been duly advised and I am/we are fully aware of my/our right to lodge a complaint regarding, or challenge any information disclosed to or by the Bureau.

DISCLOSURE OF PERSONAL DATA

- a) You consent
 - i. To providing your personal data as submitted herein to PostBank Uganda Ltd for purposes of accessing financial services.
 - ii. That the Bank may in exercise of its responsibilities and in fulfilment of its mandate as a financial services provider and a regulated financial institution in compliance with the relevant laws, regulations and guidelines as issued by the Regulator or other competent authority, collect, control, process, share, exchange and/or store your personal data with its relevant business stakeholders in any part of the world.
- b) Notice:

You are hereby issued notice to the effect that;

 - i. Provision of your personal data as prescribed in this form to the Bank is a mandatory legal and regulatory requirement under the Financial Institutions Act,2004 (as amended), The Anti-Money Laundering Act, 2003 (as amended) , The Anti-Money Laundering Regulations and, The Registration of Persons Act,2015.
 - ii. Failure to provide all the data required in this form shall be ground enough to restrict you from accessing the desired financial services from the Bank.
 - iii. Authorized Bank officials, agents ,partners and/or vendors shall have access to your personal data for purposes of delivering financial services to you and, meeting other institutional regulatory and legal obligations.
 - iv. You have a right of access to, right to request rectification and deletion of data collected before and after the collection and;
 - v. Your data shall be retained by the Bank for as long as this relationship is maintained. Upon termination of this relationship, the Bank shall retain your personal data for a minimum period of ten years.

G. PEP STATUS CONFIRMATION

Please confirm if you personally hold or you are directly related to a person (a family member or close business associate) who holds; a Senior government office (Minister–President), a Senior elective political office (LC Mayors(LCV level), Chairperson and Member of Parliament), A senior Public Service Office (Heads & Deputy head of a Mission, Chief Administrative Officer and Permanent Secretary), a Director (executive & Non-Executive) in any state-owned corporation, Directors of International Agencies, Member of the National Executive Committee of any political party, Senior Judicial Officers (Judges and Registrars of the High Court and above) or Senior Military Official (Major – Field Marshal) , Senior Police Officers (Assistant commissioner of Police – Inspector General of Police),Senior Prisons Officers(Commissioners and Directors),Cultural leaders (King, Queen and Prime Minister), (Family members include; spouse and children.) Yes No (If yes please fill in the Politically Exposed Persons (PEP) Form)

Applicant Name:	Signature:	Date:
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY

I. Business Income and Expenses (Monthly)

Sales / Receipts	Units Sold	Unit Value	Total Value
1.			
2.			
3.			
4.			
(A) Total Sales			

Cost Of Sales (Monthly)- Purchases, Raw Materials, Expenses, Salaries

Sales / Receipts	Cost Of Sale Units	Unit Value	Total Value
1.			
2.			
3.			
4.			
(B) Total Cost Of Sales			

Other Business Expenses

Expense Type	Quantity	Unit Price	Total Cost
(C) Total Business Expenses			
(D) Net Business Income (A)-(B+C)			

Income from other activities

Income Source	Unit	Amount per Unit	Frequency	Total Amount
(E) Total Monthly Income				

Monthly Family Expenses (Food, Health, Education, Clothing, Rent (Home), Utilities, Entertainment etc.)

Expense	Frequency	Total Amount
(F) Total Family Expenses		
Net Monthly Disposable Income (D)+(E)-(F)		
Estimated Loan Installment percentage (%) of Net Monthly Disposable Income		
Maximum Loan Entitlement for _____ Months		

J . Outstanding Obligations**Please list running loan obligations with any financial institution*

Bank/Institution Name	Operational Account Number	Outstanding balance
1.		
2.		
3.		

K. Guarantor(s) **Please separately attach a Guarantor Form filled by each (signed on approval)*

Names (Individual/Entity)	Mobile Phone No.	PBU Account	E-mail

L. Collateral

Nature of Property	Description	Registered Owner	Location	Market Value	Forced Sale Value
Total					

Loan Officers Recommendation
 Recommended Rejected Escalated
Justification

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Committee Decision
 Recommended Rejected Deferred Approved
Business Loan Product Type
 MBL SBL SBRF Others _____

Name	Role	Date	Signature

Committee Chairman's Comments

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