

Personal information					
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Others (specify)					
Surname					
First name					
Date of birth (DD-MM-YYYY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
ID Type		ID number			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Others (specify)					
Personal postal address					
Residential address					
Telephone number (Home)		Mobile number			
Employer name					
Employer address					
Employer's telephone number					
Occupation		Employment date (DD-MM-YYYY)			
Payroll number		Gross salary	Net salary		
Branch account domiciled		Account number			
Facility application details					
Type of facility	Average net salary (last 3 months)	Limit sought	Pricing		
Pre-approved overdraft					
Salary advance					
Other (specify)					
Total					
Facility duration					
Other existing facilities					
Type of facility	Current balance	Repayment amount	Security type	Security value	Bank/Financial Institution
Home loan					
Personal loan					
VAF					
Other (specify)					
Purpose for facility					

Referees		
	Referee 1	Referee 2
Full name		
Relationship		
Years acquainted		
Nationality		
Telephone (Home)		
Telephone (Work)		
Telephone (Mobile)		
Work address		
Home address		

Customer acceptance

i I confirm my acceptance to sign onto Stanbic Bank's overdraft facility and to be bound by its terms and conditions.

ii I therefore authorise Stanbic Bank to place an overdraft limit of **GHS** _____ on my salary account quoted below.

iii Furthermore I am aware that the approval of this facility and the associated limit is solely at the discretion of the bank.

Applicant's name _____

Applicant's current account number (Leave blank if yet to open a salaried current account) _____

Signature _____ Date (DD-MM-YYYY) _____

Employer endorsement and consent

We confirm the workplace information provided above. We also undertake not to accept any instructions to discontinue paying salary to our employee's Stanbic Bank account number _____ without the prior written confirmation of Stanbic Bank. Any future terminal or end of service benefits due employee would be paid through his/her salary account with the Bank should his/her employment with us cease for any reason. We further commit to promptly notify you in the event of employee's appointment with us being terminated. We recommend the facility for approval.

We confirm that he/she is not the subject of any imminent redundancy/disciplinary action by our company/institution.

Company name _____

Name of company official _____

Position held/job title _____

Signature _____ Date (DD-MM-YYYY) _____

Important: Please detach the portion below for organization's file / records after endorsement.

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Employer endorsement and consent (Employer's copy. Please detach for your file/records)

We confirm the workplace information provided above. We also undertake not to accept any instructions to discontinue paying salary to our employee's Stanbic Bank account number _____ without the prior written confirmation of Stanbic Bank. Any future terminal or end of service benefits due employee would be paid through his/her salary account with the Bank should his/her employment with us cease for any reason. We further commit to promptly notify you in the event of employee's appointment with us being terminated. We recommend the approval of the overdraft facility.

We confirm that he/she is not the subject of any imminent redundancy/disciplinary action by our company/institution.

Company name _____

Name of company official _____

Position held/job title _____

Signature _____ Date (DD-MM-YYYY) _____

1 Bridging Overdraft

On approval of your application, an overdraft limit will be placed on the current account through which you receive your monthly salary. This overdraft shall provide you with funds up to the assigned limit whenever you wish to draw down in between salary pay dates. The overdrawn position is expected to be cleared by the next pay day.

2 Facility Limit

You may only draw on the bridging overdraft up to a maximum limit of **GHS** _____. The bank reserves the right to cancel or review the offered limit at any time.

3 Interest

Interest on this facility would be charged only on the outstanding balance on your overdrawn account at an interest rate of _____ % per month. Interest on this facility accrues on a daily basis and is applied monthly.

4 Fees and charges

A Facility Fee of _____ % (minimum **GHS** _____) will be charged on each facility. Since each facility runs for 12 months, there shall be an annual renewal fee, each time the facility is renewed. The prevailing facility and renewal fees are set out in the bank's tariff guide.

5 Revolving Facility

At any point in time during the tenure of the facility, the debit balance on your account shall not exceed the approved facility limit. Anytime the debit balance amount is paid down you are allowed to withdraw funds again up to the assigned limit.

6 Facility Default

In the event that payment is not made within 30 days, the Bank reserves the right to revoke your overdraft limit. Additionally you may be denied the opportunity of signing onto this facility in the future. The bank shall then deploy reasonable measure within the laws of Ghana, to recover any outstanding debt.

7 Salary Domiciliation

The overdraft facility and limit is dependent on your monthly salary. For the duration of the facility, your salary is expected to be domiciled or paid into your transactional account with the bank. The facility will be revoked should your salary cease to be transferred into your account with the bank.

8 Renewal of Facility

Each overdraft facility runs for a maximum of 12 months after which it can be renewed for another year. The bank will however automatically renew the facility subject to a satisfactory account performance unless you advise otherwise.

9 Disclosure

I have been informed that Stanbic Bank may verify any of the information I have provided in relation to this facility or my credit standing from anyone the bank may consider appropriate including any credit reference agency as long as such disclosures fall within the laws of Ghana.

Applicant's acceptance of terms and conditions

I, confirm to having read and understood the terms and conditions of this facility and all product details and fees have been duly explained to me and I accept same.

Applicant's name

Signature

Date (DD-MM-YYYY)

For bank use only	
Risk Analysis	
BRI Score – where applicable:	
Confidential Limit (where applicable)	
Date of last Salary Credit (DD-MM-YYYY)	
Date account opened (DD-MM-YYYY)	
Customer Segment	
Account Style	
Number of returned cheques last 6 months	
Customer interview date (DD-MM-YYYY)	Next review date (DD-MM-YYYY)
Customer Consultant	
Name	
Signature	
Date (DD-MM-YYYY)	
Branch Manager/Supervisor	
Name	
Signature	
Date (DD-MM-YYYY)	
Credit Evaluation Manager	
<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Refer	
Comments	
Approved limit amount	Date (DD-MM-YYYY)
Approved by	Signature
Credit Risk Management	
Limit amount set	Next review date (DD-MM-YYYY)
Authorised by	
Signature	Date (DD-MM-YYYY)