



AL-HAYAT MICROFINANCE BANK LIMITED
22, IBADAN ROAD, IJEBU-ODE, OGUN STATE.
KYC FORM FOR FACILITY APPLICANT

Name of Applicant:.....

Tel. No:..... Occupation:.....

Account No:..... Amount of facility requested:.....

Balance in Account: #..... No. of times Applicant has enjoyed facility:.....

Residential Address:.....
.....

Shop/Business Address:.....
.....

Nature of Business:.....

DESCRIPTION OF RESIDENTIAL ADDRESS:

Type of Building: **Upstairs** **Bungalow** **Flat** **Modern/Old**

How to Locate the House:.....
.....

Colour of Building:..... Fenced or Not:..... How many rooms:.....

Nearest Bus Stop or Land Mark:.....

DESCRIPTION OF BUSINESS PREMISES ADDRESS:

Colour of Building:..... Business location: Market/Residential Building/Road side shop

Describe the business premises:.....
.....
.....

I has visited the home and shop of the applicant and confirmed that I have sufficient information that might be required in tracking the applicant in case of default.

Signature:..... Date Visited:.....