

GUARANTOR'S INFORMATION AND DATA

GUARANTOR'S PERSONAL INFORMATION (pls tick and write appropriately)

Title: (Mr/Mrs/Miss/Chief/Prof/Master & other):		Mother Maiden Name:		Maiden Name:	
Names:					
First Name		Middle Name		Last Name	
State of Origin		Nationality		BVN:	
Identification Proof (indicate as applicable with date of issue/expiry)				National ID Card No.	
Expiry Date where Applicable		ID Card Type		International Passport No.	
Date of Birth (dd / mm / yy)		Place of Birth (State)		Driver's License No.	
Gender: Female <input type="checkbox"/>		<input type="checkbox"/>		Others (specify)	
Marital Status: Married <input type="checkbox"/>		Widowed <input type="checkbox"/>		Divorced <input type="checkbox"/>	
		Separated <input type="checkbox"/>		Single <input type="checkbox"/>	
How long have you known the client?				Relationship to the client:	

HOME ADDRESS (NOT P.O. BOX)

Full Address:					
City:		State:		Type of House:	
Landmark		Rented <input type="checkbox"/>		Family <input type="checkbox"/>	
		Mortgaged <input type="checkbox"/>		Name of Mortgagee _____	
		Own house <input type="checkbox"/>		Others _____	
		Fixed phone:		Mobile phone:	

BUSINESS INFORMATION

Name of Business:		Business Registered: YES <input type="checkbox"/> NO <input type="checkbox"/>		Date Registered:		Registration No.	
Business Type: Sole proprietorship <input type="checkbox"/>		Enterprise <input type="checkbox"/>		Partnership <input type="checkbox"/>		Cooperate <input type="checkbox"/>	
Economic Sector: Trade/retail <input type="checkbox"/>		Service <input type="checkbox"/>		Manufacturing <input type="checkbox"/>		Mixed <input type="checkbox"/>	
Type of Establishments: Market <input type="checkbox"/>		Shopping Complex <input type="checkbox"/>		Regular Temporary market <input type="checkbox"/>		Association <input type="checkbox"/>	
						Independent Establishment <input type="checkbox"/>	
Business Activity:							
Business Full Address:							
City:		State:		Neighborhood:		Business Phone No.	
Landmark							
Age of business (mm / yy)				Time in same Location (mm / yy)			

BUSINESS LOCATION MAP

(this space is for full description)							
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Name of Employer							
Employed since		dd / mm / yy:		Position:		Staff ID No	
Employer location and postal Address							
Employer's Physical Address							
City:		State:		Neighborhood:			
Landmark							

I declare that the information contained above provide by me are true and correct							
I authorize Mozfin MFB Ltd to obtain and use the information for the purpose of the Loan advance to							
For Guarantor: _____		_____		Signature _____		Date _____	
For Mozfin MFB Ltd _____		_____		Signature _____		Date _____	