**FUTO MICROFINANCE BANK NIGERIA LIMITED.**

 **OVERDRAFT APPLICATION FORM.**

APPLICANT’S NAME --------------------------------------------------------------------------------------------------

APPLICANT’S OFFICE ADDRESS ----------------------------------------------------------------------------------

APPLICANT’S PHONE NO. ------------------------------------------------------------------------------------------------

APPLICANT’S CHEQUE NO ----------------------------------------------------------------------------------------------

APPLICANT’S ACCOUNT NO. --------------------------------------------------------------------------------------------

AMOUNT APPLIED FOR: N -----------------------------------------------------------------------------------------------

**PURPOSE OF FACILITY agric rent investment transport education others**

**APPLICANT’S SIGNATURE ----------------------------------------------- DATE ------------------------------------------------**

**FOR OFFICE USE ONLY**:

1. Current Balance:--------------------------------------(Cr/Dr) Overdraft request -------------------------------------
2. Overdraft Tenure in days…………………………. Effective From approval Date
3. Overdraft charge---------------------------------- COT ……………………………………………………………………………
4. Monthly loan repayment: N------------------------- monthly loan repayment + O/D-----------------------------
5. Monthly salary ----------------------------------------- Take home pay -----------------------------**---------------------**

**Processed By: -----------------------------------------------Approved by-------------------------------------------------------------**

**Sign………………………………………Date……………………………….Sign………………………………….. Date…………………………………..**