

# PERSONAL OVERDRAFT APPLICATION FORM

Signature Of Issuing Officer.....

## PERSONAL INFORMATION

Names in full:- ..... Nat. I.D No:.....Sex: .....Marital Status.....

Date Of birth.....

## EMPLOYMENT HISTORY

Name Of Employer: ..... Employer Tel No..... Address of Employer .....

Job Title..... Years with Employer..... (Only those permanently employed qualify)

Monthly Gross Salary..... Monthly Net Salary.....

## RESIDENTIAL AND CONTACT DETAILS

Residential Address..... Postal Address.....

Home Cell No:.....Home Landline Tel No.....

## CONTACTABLE NEXT OF KIN (A close relative or friend who resides at a different address)

Name in full.....Physical home address.....Cell/ Home No.....

## PROPOSED OVERDRAFT USAGE

State briefly why you require this 6-months' \$..... overdraft facility:.....

**POSB FCA Account Number:** .....

I certify to the best of my knowledge and belief that the foregoing information is correct and that falsification will prejudice this application. I authorise you to make any enquiries that you deem necessary for the appraisal of my overdraft application.

Signature Of Applicant. .... Date.....

**CREDIT ANALYST/LOANS OFFICER COMMENTS:** I recommend an overdraft facility of \$..... at 9% per month for a period of 6 months. Applicant net salary is confirmed at \$.....

Credit Analyst/Loans Officer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## **BRANCH MANAGER'S APPROVAL/COMMENTS**

Six months' overdraft facility of \$..... approved/rejected.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Stamp \_\_\_\_\_