## **Cash Advance Application Form**



| Personal Information  |                       |                     |           |                   |           |             |               |  |
|---|-----------------------|---------------------|-----------|-------------------|-----------|-------------|---------------|--|
| Name(s)   |                       |                     |           |                   |           |             |               |  |
| Date of Birth   |                       |                     | ID No     |                   |           |             |               |  |
| Telephone Contact   |                       | Postal Address      |           |                   |           | Email Addre | Email Address |  |
| Residential Address   |                       | 1                   |           |                   |           |             |               |  |
| Employer's Name   |                       |                     |           |                   |           |             |               |  |
| Address   |                       |                     |           |                   |           |             |               |  |
| Gross Salary  |                       | Pay Date:           | Pav Date: |                   |           |             |               |  |
| Account Details   |                       |                     |           |                   |           |             |               |  |
| Name of Branch Account Domiciled  |                       |                     |           |                   |           |             |               |  |
| Customer Number   |                       | Acœunt Nur          | mber      |                   |           |             |               |  |
| Number of Months in operation   |                       | Type of Account     |           |                   |           |             |               |  |
| Limit Details   |                       |                     |           |                   |           |             |               |  |
| Limit Applied for:  | Amour                 | t In words          |           |                   |           |             |               |  |
| Expiry Date/  | /                     |                     | Fac       | cility Fee Amount | t         |             |               |  |
| Existing loan and other credit facilities including credit cards  |                       |                     |           |                   |           |             |               |  |
| Have you obtained Credit  | before? If "Yes" comp | lete the following. |           | Yes               | No        |             |               |  |
| Name of Bank  | Monthl                | Monthly repayments  |           |                   | Outstandi |             |               |  |
| Name of Bank  | Monthl                | y repayments        |           |                   | Outstan   | ding Amount |               |  |
| Name of Bank Monthl   |                       |                     |           |                   | Outstan   | ding Amount |               |  |
| Customer Declaration and Acceptance   |                       |                     |           |                   |           |             |               |  |
| Declaration  As permitted in terms of legislature I/We consent to you checking my credit record with any credit reference agency. I/We also consent to you providing credit reference agencies with regular updates about the conduct of my/our accounts, including the failure to meet the agreed terms and conditions. I/We also agree that the credit reference agencies may in turn make my/our records and details available to other credit grantors. I/We consent to you carrying out identity and fraud prevention checks.  I/We confirm that the details provided above and in any attached documents are a true reflection of my/our personal, employment and other details. I/We further confirm that the general terms and conditions have been explained to me/us, and I/We agree to be bound by them, and that I/We am/are able to afford the repayments arising from the loan obligation.  In the event of termination by my employer for whatever reason, I/We give authority to my employer to remit the total amount accrued at that period to offset the outstanding balance of my facility. If not cleared, I/we will make arrangements to offset any outstanding balance.  Customer  Signature  Date  Date |                       |                     |           |                   |           |             |               |  |
| Customer SignatureDate  |                       |                     |           |                   |           |             |               |  |
| outcome will be communicated to you.  |                       |                     |           |                   |           |             |               |  |
| Stanbic Bank Uganda LtdDate   |                       |                     |           |                   |           |             | <u> </u>      |  |
|   |                       |                     |           |                   |           |             |               |  |