

RESTRICTED



NAF INVESTMENTS MICRO – CREDIT LOAN FACILITY FORM

1. PERSONAL INFORMATION

Name: Rank:SVC NO:.....
Sex: Marital Status:
Date of Birth: Date of Enlistment:
Unit: Appointment:
Phone No: E-mail:

2. SALARY ACCOUNT INFORMATION

a. Account Name:
b. Account Number:
c. Account Sort Code:
d. Name of Bank:
e. Address of Bank:
f. Any indebtedness to NAF Foundation? Yes: NO:.....
(If yes, specify)

3. AMOUNT REQUIRED

.....

4. PURPOSE FOR LOAN

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RESTRICTED

RESTRICTED

5. LOAN CONDITIONS

- a. Repayment period of loan is eighteen (18) months.
- b. The interest of the loan is 12 percent.
- c. Deduction of loan will be at source from personal salary.
- d. Deduction of personnel spouses' loan will also be from personnel salary.
- e. Loans will be credited directly by NAF Investments into the applicant's bank account provided on this Form.

6. UNDERTAKING

I..... Hereby agree to the above stated conditions.

.....
Applicant signature

7. UNIT FINANCE OFFICER'S REMARK

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.....
Rank Name Appt Signature Date

8. UNIT COMMANDER'S RECOMMENDATION

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.....
.....

Rank Name Appt Signature Date

9. NAF INVESTMENT

- a. Approved**
- b. Not Approved**

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Managing Director Signature Date