



LIBERTY COMMERCIAL BANK OVERDRAFT APPLICATION

DETAILS OF THE APPLICANT EITHER A COMPANY OR PERSONAL

Sur Name		Nature of Business	
Other Names		Immediate next of kin	
Date of Birth		<input type="checkbox"/> Male	
Nationality		<input type="checkbox"/> Female	
Marital Status			

CONTACT INFORMATION

Boma:		Payam:	
County		Town	
Telephone		National ID or Passport Number	

INCOME INFORMATION

Name of Employer		Date Employed	
Station		Designation	
Office Telephone Number		Place of Work	
Town		Department	
Terms of Employment		<input type="checkbox"/> Permanent	<input type="checkbox"/> Casual
Monthly Salary		Annual Salary	

ACCOUNT INFORMATION

LCB Account Name		Account Number	
Number of days of the overdraft		Amount	

REASON FOR OVERDRAFT

BUSINESS DETAILS

Name of Business		Date Started	
Station		Designation	
Office Telephone		Place of Work	
Town			

BREIF DETAILS ABOUT YOUR BUSINESS

DECLARATION FORM

I _____ Confirm that the information given above is true to the best of my knowledge. By signing this form and taking the overdraft from Liberty Commercial Bank, I do it in a sober stable mind and agree that I have read and understood and accepted the terms and conditions of the same supplied separately, and agree to be bound by them.

I authorize the Bank to disclose any information relating to the same to any regulatory authority, or any other institution or third party as it deems necessary in case of any breach of the regulations pertaining to this overdraft I take from this bank.

This declaration is signed in the presence of the Bank official credit Officer

Name _____ Signature _____
Date _____.

REFERENCE INFORMATION

Name:		Name:	
Telephone		Telephone	
Address		Address	

Approved by managing director.....sign.....date

Member's approval

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Board's approval.

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