



# ICL SUPPORT SERVICES LIMITED

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## LOAN APPLICATION

NAME: \_\_\_\_\_ DATE OF EMPLOYMENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

STAFF NUMBER: \_\_\_\_\_ MONTHLY PAY: \_\_\_\_\_

LOAN BILL / DESCRIPTION: \_\_\_\_\_

AMOUNT REQUIRED:

N

DATE WHEN LOAN WILL NO LONGER BE MEANINGFUL: \_\_\_\_\_

### PROPOSED PAYMENT TERMS

(Stating monthly Deductions. Not exceeding Six Months) N \_\_\_\_\_

PER MONTH FOR \_\_\_\_\_ MONTHS. DATE OF LAST LOAN \_\_\_\_\_  
(If Applicable)

### DETAIL OF PURPOSE

(Should be briefly stated please)

Applicant's Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

### MANAGER'S COMMENT: Application's Conduct / Service record details

Recommended  Not Recommended

MD Approved  Not Approved

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

Amount = N

Approved deductions rate N \_\_\_\_\_ per month for \_\_\_\_\_ months

Account Action by: \_\_\_\_\_

Pay Office entry for deduction (month)  Signature \_\_\_\_\_ Date \_\_\_\_\_