

Branch: _____ Branch staff: _____

INSTITUTION IDENTIFICATION

Institution name: _____

Type of institution _____ Married (Yes/No): _____ Children No: _____

Address: _____

Phone No: _____ E-mail: _____

ID No/passport: _____ Issue on: End of validity:

Place of issue: _____ Country: _____ City: _____

Representative Occupation: _____ BOA Client (Yes/No): _____

FUNDS REQUEST DETAILS

Account No: _____

Insured Amount: _____

Requested Amount: _____ Account No: _____

AGREEMENT TERMS & CONDITIONS

I hereby confirm my agreement to the automated invoice discounting facility received and the terms of repayment as outlined. I understand that it is my responsibility to insure that payments are channeled to the provided account.

I acknowledge that Bank of Africa - Rwanda reserves the right to take legal action, including but not limited to court proceedings, in the event of default on the repayment of the loan granted by Bank of Africa - Rwanda.

Done at: _____ on

Client Names: _____

Signature

To be fully completed by the customer