

Address: 67, Agege – Abeokuta Expressway, Dopemu, Alimosho, Lagos.

Email: admin@cecams.org <https://cecams.org> or **Tel/WhatsApp:** +2349069074741

CREDITOR APPLICATION ASSESTMENT FORM

Important Information

Please complete all the relevant sections on the form. Please initial any amendments or changes and initial the bottom of each page. In addition, please complete the following forms, available for download from our website and on request from the manager:

The cut off time for processing investment transactions is 10:00 on the last business day of the month, to enable processing for the first day of the following month.

The completed form, proof of payment, documentation and confirmation of banking details should be emailed to admin@cecams.org or feranmi.hunwi@cecams.org Please note that the responsibility of ensuring that the instruction has been received and actioned by Sanne, will lie with the investor and/or financial advisor.

Contact Information

Loan Servicing Department:

Loan Manager: Feranmi Hunmi

Tel/WhatsApp: +2349069074741

LOAN CREDITOR DETAILS										Section A		
Natural Persons												
Title:				Surname:								
First name(s):												
Landline:				Cell:								
Nationality:												
Identity or Passport Number:												
Occupation:												
Place of Birth:				Date of Birth:	d	d	m	m	y	y	y	y
Marital status:	Married	<input type="checkbox"/>										
	Single	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>								

Individuals (Acting On Behalf Of Creditor) *											
*For parents/guardians or person with power of attorney											
Title:				Surname:							
First name (s):											
Nationality:											
Relationship:				Bank:				Account Number:			

*Please note that the parent/guardian's Account number & Bank should only be provided if the source of funds is linked to the parent/guardian. If not, the minor's tax number should be provided. All questions relating to this should be directed to your tax advisor.

Companies and Other Legal Entities											
Entity Name:											
Trading Name:											
Entity Type:	Private Co.	<input type="checkbox"/>	Listed Co.	<input type="checkbox"/>	CC.	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other Entities	<input type="checkbox"/>	
Other Entities (please specify):											
Registration Number:											

Individual Acting On Behalf Of Entity			
Title:		Surname:	
First name (s):			
Nationality:			
Identity or Passport Number:			
Capacity:		Relationship:	

Trusts	
Name of Trust:	
Trust Registration Number:	

Contact Details			
Physical Address:			
		Code:	
Postal Address:			
		Code:	
Title:		Surname:	
First name (s):			
Landline:		Cell:	
Email:			
Nationality:			

Please confirm your preferred method of communication*.	Post:		Email:	
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*Where no choice is made, all investor communications will be sent by email where an email address is supplied.

LOAN OPTION				Section B	
Name of Portfolio	Class	Account Management Fees	Loan Amount	Income Distribution	
				re-invest	pay-out
CAPITAL EST CONST & ACQ MGT, SAPPHIRE GROWTH PROVIDUS BANK 5402069268	1	Loan Servicing is 5%. You would pay Zero. An account fee of 2.0% would be charged.	₺6m		
CAPITAL EST CONST & ACQ MGT, EMERALD GROWTH PROVIDUS BANK 5402069316	1	Loan Servicing is 5%. You would pay Zero. An account fee of 2.5% would be charged.	₺3m		

Method of Payment

Name of Portfolio	Account Number	Bank	Branch Code
CAPITAL EST CONST & ACQ MGT, SAPPHIRE	5402069268	PROVIDUSBANK	
CAPITAL EST CONST & ACQ MGT, EMERALD	5402069316	PROVIDUSBANK	

Investments will be accepted via Electronic Funds Transfer ("EFT") or debit order into the designated portfolio subscription account. Payments must reach the account by no later than 10:00 on the last business day of the month, together with all supporting documentation, to be accepted by the administrator for placement of the investment on the first day of the following month.

Banking Details			
Please complete the below banking details			
Name of Account Holder:			
Bank:		Branch Code:	
Account Number:		Account Type:	

Declaration

I/ We declare, in respect of the relevant laws :

- I/We have read the application form and the terms and conditions of this loan and have explained them to the client. We have attached a breakdown as the payment schedule of this loan clearly to the extent they apply to CECAMS
- I/We agree to be bound by the contents of this application form.
- I/We will forward any and all client documents to the client as soon as I/we received them.
- I/We have explained all fees relating to the loan to the client and I/we acknowledge that the client may instruct CECAMS to cease paying the loan at any time.
- I/We have informed the client that they may change the beneficiary’s payment bank account to remit monthly loan payment, or they may instruct CECAMS to transfer the monthly payment schedule to another beneficiary; however this must be done in writing via email and ensure all CECAMS forms are duly completed forms at least 14 days before the monthly payment date. Any such requests received would be expected to be effective at next month payment schedule.
- I/We agree monthly payments shall be in to one account, CECAMS does not accept split payments request in the multiple bank accounts.

Signature of Loan Creditor:									
Name of Loan Creditor:									

Next of Kin													
Title:		Surname:											
First name (s):													
Landline:		Cell:											
Identity or Passport Number:					Date of Birth:	d	d	m	m	y	y	y	y
Nationality:													
Designation:													
Residential Address:													
							Code:						
Email:													

CECAMS

CAPITAL ESTATE CONSTRUCTION AND ACQUISITION MANAGEMENT SERVICES LTD

CECAMS Signature by Manager:										
Name of Manager:										
Capacity:		Date:	d	d	m	m	y	y	y	y
Loan Provider Signature:										
Name of Loan Provider:										
Capacity:		Date:	d	d	m	m	y	y	y	y

I/We indemnify Sanne accordingly

CECAMS

CAPITAL ESTATE CONSTRUCTION AND ACQUISITION MANAGEMENT SERVICES LTD