

**GUARANTEE AND INDEMNITY
IN FAVOUR OF COVENANT MICROFINANCE BANK LTD**

Guarantors are hereby notified that any false declaration on this form may lead to immediate stoppage of further drawing under the facility but will not in any way relieve the guarantor of his/her responsibility under this guarantee and indemnity.

I/We in consideration of
Surname **Other names**
the credit facility of ₦ being considered to be granted to, or
already being enjoyed by (Customer) for
carrying on business in the name of
hereby guarantee the repayment of the Principal Loan of ₦.....
and total interest/charges on the loan as may accrue from time to time and indemnify
Covenant Microfinance Bank Ltd fully for all loss or losses in this respect.

PARTICULARS **OF** **GUARANTOR:**
(Please Complete In Block Letters)
Office Address:
.....
Profession/Designation:
Business Name/Address:
..... Phone Number:
Residential Address:
.....
E-mail:
Name of Banker:
Account Number:
Relationship with Applicant:

OBLIGATION

I/We affirm that the applicant has brought to my/our notice his/her commitment to Covenant Microfinance Bank Limited under a loan/advance of ₦=..... which is to be paid back in days/months wherefore, in this respect, I/We..... hereby agree as follows:

1. I hold myself responsible for his/her misconduct whatsoever in respect of this facility.
2. I hold myself responsible to produce him/her as may be required any time.
3. That in the event of his/her inability to pay; I will pay the total amount due including all accrued interest to date on demand made by Covenant Microfinance Bank Ltd or its authorized representative.
4. I/We further irrevocably indemnify Covenant Microfinance Bank Ltd for the amount involved plus accrued interest and other cost associated with realization of the facility.
5. I/We agree that the bank shall be free to exercise the right of set-off on any of my account(s) with her in case of default on the part of the primary debtor.

Dated this day of.....20/.....

Signature of Guarantor/Indemnifier: Date:

Signature of Witness: Date:

Name of Witness:
Address:
Telephone: