



**GUARANTOR'S FORM  
COVID 19 TARGETTED FACILIITY**



Date

**The Managing Director,**  
NIRSAL Microfinance Bank Limited  
No1, Monrovia Street, Wuse II  
Abuja

I, Mr./Mrs./Miss ..... of  
.....  
(HOME/EMPLOYER'S ADDRESS)

**Hereby Guarantee**

.....For the loan sum of  
N.....Only.(.....)

I also declare that I have known said loan beneficiary for the past ..... years. I hereby confirm that:

1. I willingly guarantee this facility out of my free will and understand the implications of being a guarantor.
2. This guarantee confirms that should the above-named beneficiary fail to pay off the loan, I undertake to pay off all outstanding amounts, including interest and charges, upon notification by NIRSAL MFB as to crystallization of loan amount.
3. That by this guarantee, I have accepted the Bank's Global Standing Instruction (GSI) provision to debit any account associated with my BVN towards satisfaction of any sum due and payable (but unpaid) by the Borrower to the Bank.
4. I hereby exonerate and do discharge the Bank from any liability or costs that may arise as a result of the Bank complying with my instructions as a guarantor.
5. This Guarantee shall remain in effect during the tenor of the aforesaid loan, and/or until the loan amount therein stated, is fully repaid, whichever is latter in time.
6. I have carefully reviewed the terms of this guarantee and I do hereby accept the terms and conditions herein. This Guarantee is hereby executed on the date as written.
7. Attached is a copy of my official Identity document and my Employment Identity Card.

**GUARANTOR'S NAME**

**GUARANTORS SIGNATURE/DATE**

BVN

PHONE NO

The Guarantor shall be a Professional (Lawyer, Medical practitioner, Chartered Accountant etc), Public servant of grade 12 and above or a Bank Official.

Send completed form to [tcf-collateral@nmb.com.ng](mailto:tcf-collateral@nmb.com.ng)