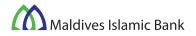


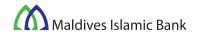
CORPORATE CUSTOMERS APPLICATION FORM

Please complete the information below to request Mandate or Authority

MAIN APPLICATION SECTION Company Details Company Name: Company Address: Sole Trader Partnership Private Ltd Public Ltd Legal Structure: (Please tick appropriate box) Company Business Address: Office Tel: Office Fax: **Profile** Registration No: Registration Date: No. of employees: **Share Structure** Shareholder Name No. of Shares Percentage Designation **Financial Structure** Total Liabilities PBIT PBIT Turnover



FINANCING DETAILS					
Type of Financing: Property Assets Vehicles Other.					
	Financing Amount Mrf				
Equity Participation Mrf					
Period of Financing					
Project Cost (If Appropria	ate) 				
ITEM	COST(MRF)	NAME OF SUPPLIER	SOURCE OF PAYMENT		
	DIR	ECTORS DETAILS			
Directors 1					
Name:		Designation:			
Mobile No:		Direct Line N	0:		
Permanent Address:					
Corresponding Address:					
Directors 2					
Name:		Designation:			
		O	0:		
Corresponding Address					
*Please include details of addit	ional Directors				



EXISTING FACILITIES WITH OTHER BANKS

Credit / Financing Facility

Bank Name	Facility Type / Purpose	Limit / Since	Outstanding

Deposit

Bank Name	Account Type	Branch	Operation Since

	I hereby confirm that I have no other outstanding Bank facility with any other Banks
	THEIRDY COMMITTERIAL FRANCE NO OTHER OUTSTANDING DAMK TACHTLY WITH ANY OTHER DAMKS

DIRECTORS FACILITIES

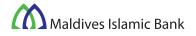
Directors 1

Credit / Financing Facility

Bank Name	Facility Type / Purpose	Limit / Since	Outstanding

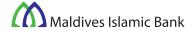
Deposit

Bank Name	Account Type	Branch	Operation Since



Credit Card

Bank Name	Card Type	Limit	Outstanding
I hereby confirm that I ha	ave no other outstanding Bank facili	ty with any other Banks.	
ectors 2			
dit / Financing Facility	1		
Bank Name	Facility Type / Purpose	Limit / Since	Outstanding
oosit			
Bank Name	Account Type	Branch	Operation Since
dit Card			
Bank Name	Card Type	Limit	Outstanding
I hereby confirm that I ha	ave no other outstanding Bank facili	ty with any other Banks.	



Collateral Details

Kindly provide details of the property for which you require financing.

Name of Property Owner(s)	
Name:	
NI D#	
Name:	
NI D#	
Address:	
Property Name:	
Property Registry No:	
Area Location:	Land Area:
Property Age (Years):	Covered Area:
Additional Collateral Details	
Name of Property Owner(s)	
Name:	
NI D#	
Name:	
NI D#	
Address:	
Property Name:	
Property Registry No:	
Area Location:	Land Area:
Property Age (Years):	Covered Area:
Guarantor	
Name of Property Owner(s)	
Name:	
NID#	
Name:	
NI D#	
Address:	
Property Name:	
Property Registry No:	
Area Location:	Land Area:
Property Age (Years):	Covered Area:



Certification

I/we do hereby submit this application requesting for MIB Corporate Finance .I/we confirm our capability to complete all the formalities and give cheques as and when required by MIB. I/we Understand that MIB will have to involve external agency / ies while processing our application. I/we undertake to pay all cheques when demanded. I/we also confirm that I/we shall not claim any refund or any part of this payment even if MIB, in its sole discretion, reject my / our application. On the acceptance of our / my application, I / we will open an account with MIB in my / our name and I/we irrevocably instruct MIB to debit my/our account any time to recover charges related to this facility. I/we certify that all information given above is true and accurate to the best of my / our knowledge and belief. I/we hereby authorize MIB to directly, or through it's agents, contact my places of residence/work and/or reference to verify the authenticity of the information provided by me/us above.

Application Date	
Application Date	
Director Signature	Director Signature
MIB reserves the right to reject this financing applica	tion without assigning any reason.

FOR BANK USE ONLY
Department Name
Date of Receiving City
Ref No:
Bank Officer's Signature