

HOME FINANCING APPLICATION FORM (UNDER THE ISLAMIC CONCEPT OF DIMINISHING MUSHARAKA)

Please complete the information below to request Mandate or Authority

MAIN APPLICATION SECTION

Personal Details		
(as it appears on your NID)		Nationality:
Father's/Husband's Name:		
Gender (Please tick appropriate box)	Male	Female
Educational Qualification	Masters & above	Inter/A levels
(Please tick appropriate box)	Bachelors	Metric/O levels
	Diploma	Adv Diploma
Institution:		
Marital Status: (Please tick appropriate box)	Single Married	☐ Divorced ☐ Widowed
No. of Dependants:		
Residential Details		
Residential Status (Please tick appropriate box)	Owned (UnderFinancing)	Owned (Unencumbered) Parent's
	Other(Please Specify)	
If Rented/Under Financing (I	Monthly Commitment)	
Residing Since	Years	Months
Telephone(s)		Preferres
Mobile		Preferres
Personal Email		
Financing Requirement		
Financing Details		
Financing amou t-MVR		(%)
Equity participating-MVR		(%)
Details of owners contributio	n – Bank/Spent on building/Cash in	hand
Period of financing		month



Employment Details

For Salaried Individu	iais Only				
Occupation/Profession					
Type of Industry					
Employer/Company Name					
Employer Status	Govt.		Semi Govt.	Public Limited	Private Ltd.
(Please tick appropriate box)	Proprietor/Pa	artnership	Other(Please	specify)	
	Contract		Full Time	Part Time	
Designation		Date (of Joining		by of employment letter
Office Address					
Office Tel.(direct)					
Office Email					
Previous Employer's Name					
Duration previous Employm	nent	Years	8	Montl	าร
Total Working Experience		Years		Months	
Self Employed / Prof	iessionals				
Occupation/Profession					
Type of Industry					
Company Business Name					
Designation		Estab	lishment Date		
Corporate Status	Public Ltd		Private Ltd	Proprieto	or /Partnership
(Please tick appropriate box)		Other (please Specify)			
Office/Business address					
Office Premises (Please tick appropriate box)	Rented		ed (Under/Financin	9) —	Unencumbered)
If Rented/Under Financing	(Monthly Commitme	ent)			
Office Tel.(direct)		Office	Fax		
Office Email					
Factory Address					
Telephone(Factory)					



Monthly Income and Expenditure Details

For Salaried Individuals a	nd Self Employed Profe	essionals	
Income			
Salary (MVR)			
Rent Apartment (MVR)			
Business (MVR)·····			
Other Income (MVR)			
Total Income (MVR)			
Expenditure			
Family Outgoing (MVR)			
Monthly Installment on Current Ba			
Other Deductions (MVR)			
Total Expenditure (MVR)			
Net Monthly Surplus (MVR)			
Existing Banking Facilities V Credit/Financing Facility	Vith Other Banks		
Bank Name	Facility Type/Purpose	Limit / Since	Outstanding
Deposit			
Bank Name	Account Type	Branch	Operation Since
0 110 1			
Credit Card Bank Name	Card Type	Limit	Outstanding
Built Hullo	Odia Typo		Catolanding
I haraby confirm that I have n	o other outstanding Bank facili	v with any other Ranks	



CO-APPLICANT SECTION

Personnel Details		
(as it appears on your NID) NID (new)		Nationality:
Relationship with the main a	applicant	
Gender	☐ Male	Female
Educational Qualification (Please tick appropriate box) Educational Qualification	☐ Masters & above☐ Bachelors☐ Diploma	☐ Inter/A levels ☐ Metric/O levels ☐ Adv Diploma
Institution:		
Marital Status: (Please tick appropriate box)	Single Married	☐ Divorced ☐ Widowed
No. of Dependants:		
Residential Details		
Present Address:		
Residential Status (Please tick appropriate box)	Owned (UnderFinancing) Rented Other(Please Specify)	Owned (Unencumbered) Parent's
If Rented/Under Financing ((Monthly Commitment)	
Residing Since	Years	Months
Telephone(s)		Preferres
Mobile		Preferres
Personal Email		
Permanent Residential Add	dress:	



Employment Details

Employer/Company Name Employer Status	For Salaried Individu	iais Only				
Proprietor/Partnership Other(Please specify) Contract Full Time Part Time "Attach a copy of employment letter Designation Date of Joining Office Address Office Femal Previous Employer's Name Previous Employer Professionals Previous Employer Professionals Previous Employed / Professionals Proprietor Professionals Proprietor Propr	Occupation/Profession					
Employer Status	Type of Industry					
Proprietor/Partnership Other(Please specify) Contract Full Time Part Time "Attach a copy of employment letter Designation Date of Joining Office Address Office Femal Previous Employer's Name Previous Employer Professionals Previous Employer Professionals Previous Employed / Professionals Proprietor Professionals Proprietor Propr	Employer/Company Name					
Proprietor/Partnership Other(Please specify)	· ·	Govt·		Semi Govt.	Public Limited	Private Ltd.
*Attach a copy of employment letter Designation Date of Joining Office Address Office Address Office Enail Previous Employer's Name Duration previous Employer's Name Duration previous Employment Years Months Self Employed / Professionals Occupation/Profession Type of Industry Company Business Name Designation Establishment Date Corporate Status (Please tick appropriate box) Diffice (Please Specify) Office Premises (Please tick appropriate box) Anti- Profession Diffice Premises (Please tick appropriate box) Office Premises	(r lease lick appropriate box)	Proprietor/Pa	rtnership	Other(Please	specify)	
Designation Date of Joining Office Address Office Tel.(direct) Office Tel.(direct) Office Email Previous Employer's Name Duration previous Employment Years Months Self Employed / Professionals Occupation/Profession Type of Industry Company Business Name Designation Establishment Date Corporate Status Public Ltd Private Ltd Proprietor /Partnership (Please tick appropriate box) Office Pemises (Please tick appropriate box) Rented Owned (Under/Financing) Owned (Unencumbered) Office Premises (Please tick appropriate box) Office Fax Office Fax		Contract		Full Time		
Office Tel.(direct) Office Email Previous Employer's Name Duration previous Employment Total Working Experience Years Months Self Employed / Professionals Occupation/Profession Type of Industry Company Business Name Designation Corporate Status Proprietor Other (please Specify) Office/Business address Office Premises (Please tick appropriate box) Other (Please specify) If Rented/Under Financing (Monthly Commitment) Office Email Factory Address	Designation		Date o	of Joining		, ,
Office Email Previous Employer's Name Duration previous Employment Years Months Total Working Experience Years Months Self Employed / Professionals Occupation/Profession Type of Industry Company Business Name Designation Establishment Date Corporate Status (Please tick appropriate box) Public Ltd Private Ltd Proprietor / Partnership (Please tick appropriate box) Office/Business address Office Premises Rented Owned (Under/Financing) Owned (Unencumbered) If Rented/Under Financing (Monthly Commitment) Office Teal (direct) Office Fax Office Email Factory Address	Office Address					
Previous Employer's Name Duration previous Employment Years Months Total Working Experience Years Months Self Employed / Professionals Occupation/Profession Type of Industry Company Business Name Designation Establishment Date Corporate Status Public Ltd Private Ltd Proprietor /Partnership (Please tick appropriate box) Other (please Specify) Office/Business address Office Premises (Please tick appropriate box) Other (Please specify) If Rented/Under Financing (Monthly Commitment) Office Tel.(direct) Office Fax Office Email Factory Address	Office Tel.(direct)					
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Self Employed / Professionals Occupation/Profession Type of Industry Company Business Name Designation Establishment Date Corporate Status (Please tick appropriate box) Office/Business address Office Premises (Please tick appropriate box) Rented Owned (Under/Financing) Other (Please specify) If Rented/Under Financing (Monthly Commitment). Office Tel.(direct) Office Email Factory Address	Previous Employer's Name					
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Occupation/Profession Type of Industry Company Business Name Designation Establishment Date Corporate Status (Please tick appropriate box) Office/Business address Office Premises (Please tick appropriate box) Rented Owned (Under/Financing) Other (Please specify) If Rented/Under Financing (Monthly Commitment). Office Tel.(direct) Office Email Factory Address	Total Working Experience		Years		Mont	hs
Occupation/Profession Type of Industry Company Business Name Designation Establishment Date Corporate Status (Please tick appropriate box) Office/Business address Office Premises (Please tick appropriate box) Rented Owned (Under/Financing) Other (Please specify) If Rented/Under Financing (Monthly Commitment). Office Tel.(direct) Office Email Factory Address						
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Company Business Name Designation	Occupation/Profession					
Designation	Type of Industry					
Corporate Status (Please tick appropriate box) Other (please Specify) Office/Business address Office Premises (Please tick appropriate box) Rented Owned (Under/Financing) Other (Please specify) If Rented/Under Financing (Monthly Commitment). Office Tel.(direct) Office Email Factory Address	Company Business Name					
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Office Premises (Please tick appropriate box) If Rented/Under Financing (Monthly Commitment). Office Tel.(direct) Office Email Factory Address	(Please tick appropriate box)					
Office Premises (Please tick appropriate box) Rented Owned (Under/Financing) Owned (Unencumbered) Other (Please specify) If Rented/Under Financing (Monthly Commitment). Office Tel.(direct) Office Fax Office Email Factory Address	Office/Business address					
(Please tick appropriate box) Other (Please specify) If Rented/Under Financing (Monthly Commitment) Office Tel.(direct) Office Email Factory Address						
If Rented/Under Financing (Monthly Commitment) Office Tel.(direct) Office Email Factory Address	(Please tick appropriate box)				9) —	•
Office Tel.(direct) Office Email Factory Address	If Rented/Under Financing					
Office Email Factory Address						
Factory Address						
*						
	•					



Monthly income and Expenditure Details

For Salaried Individuals a	nd Self Employed Profe	essionals			
Income					
Salary (MVR)					
Rent Apartment (MVR)					
Business (MVR)·····					
Other Income (MVR)					
Total Income (MVR)					
Expenditure Family Outgoing (MVR)	nking Facility (MVR)				
Bank Name	Facility Type/Purpose	Limit / Since	Outstanding		
Deposit					
Deposit					
Bank Name	Account Type	Branch	Operation Since		
	Account Type	Branch	Operation Since		
	Account Type	Branch	Operation Since		
	Account Type	Branch	Operation Since		
Bank Name	Account Type	Branch	Operation Since		
	Account Type Card Type	Branch	Operation Since Outstanding		
Bank Name Credit Card					
Bank Name Credit Card					
Bank Name Credit Card					



Property Details

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

Name of existing property Owner(s)	
Name (Owner)	
NIC#	
Address	
Property details (Name & Description)	
Property Age (Years)	Covered Area
Land Area	Build-up Area
Additional collateral if any	
Gurantor details if any.	
*Attach a copy of property registration	
Reference Details	
Kindly provide two references, one of an office colleague / friend and and	other of an immediate relative
Office Colleague/friend	
Name	
NID #	
Res.Address	
City	Country
Res.Tel.	Office Tel
N.	
Name	
NID #	
Res.Address	
City	Country

Res.Tel. Office Tel.



Certification

I/we do hereby submit this application requesting for MIB Retail Financing. I/we confirm our capability to complete all the formalities and give cheques as and when required by MIB. I/we do 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	Place
Applicant Signature	Co-Applicant Signature(if any)
Applicant Name (as per NID)	Co-Applicant Name (as per NID)

MIB reserves the right to reject this financing application without assigning any reason.

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