



Maldives Islamic Bank

BUSINESS FINANCING APPLICATION FORM

Please complete the information below to request Mandate or Authority

MAIN APPLICATION SECTION

Personal Details

Name Mr./Mrs./Ms.
(as it appears on your NID)

NID (new) Nationality:

Father's/Husband's Name:

Gender
(Please tick appropriate box)

☐

Male

☐

Female

Educational Qualification
(Please tick appropriate box)

☐

Masters & above

☐

Inter/A levels

☐

Bachelors

☐

Metric/O levels

☐

Diploma

☐

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 (Under/Financing)

☐

Owned (Unencumbered)

☐

Rented

☐

Parent's

Other(Please Specify)

If Rented/Under Financing (Monthly Commitment).....

Residing Since Years Months.....

Telephone(s) ☐ Prefers

Mobile ☐ Prefers

Personal Email

Financing Requirement

Financing Details

Financing amount - Mrf / USD (%)

Equity participating - Mrf / USD (%)

Period of financing month

Employment Details

For Salaried Individuals Only

Occupation/Profession

Type of Industry

Employer/Company Name

Employer Status ☐ Govt. ☐ Semi Govt. ☐ Public Limited ☐ Private Ltd.
(Please tick appropriate box)

☐ Proprietor/Partnership ☐ Other(Please specify)

☐ Contract ☐ Full Time ☐ Part Time

Designation Date of Joining

Office Address

Office Tel.(direct)

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 ☐ Public Ltd ☐ Private Ltd ☐ Proprietor /Partnership
(Please tick appropriate box)

☐ Other (please Specify)

Office/Business address

Office Premises ☐ Rented ☐ Other (Please specify)
(Please tick appropriate box)

☐ Owned (Under/Financing) ☐ Owned (Unencumbered)

If Rented/Under Financing (Monthly Commitment).....

Office Tel.(direct) Office Fax

Office Email

Factory Address

Telephone(Factory)

Factory Premises ☐ Owned (Under/Financing) ☐ Owned (Unencumbered)
(Please tick appropriate box)

☐ Rented ☐ Other (Please specify)

Monthly Income and Expenditure Details

For Salaried Individuals and Self Employed Professionals

Income

Salary (Mrf)

Rent Apartment (Mrf)

Business (Mrf)

Other Income (Mrf)

Total Income (Mrf)

Expenditure

Family Outgoing (Mrf)

Bills (electricity, water etc) (Mrf)

Monthly Installment on Current Banking Facility (Mrf)

Other Deductions (Mrf)

Total Expenditure (Mrf)

Net Monthly Surplus (Mrf)

Existing Banking Facilities With Other Banks

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 have no other outstanding Bank facility with any other Banks.

CO-APPLICANT SECTION

Personnel Details

Name Mr./Mrs./Ms.
(as it appears on your NID)

NID (new) Nationality:

Father's/Husband's Name:

Gender ☐ Male ☐ Female

Educational Qualification
(Please tick appropriate box)

<input type="checkbox"/> Masters & above	<input type="checkbox"/> Inter/A levels
<input type="checkbox"/> Bachelors	<input type="checkbox"/> Metric/O levels
<input type="checkbox"/> Diploma	<input type="checkbox"/> Adv Diploma

Institution:

Marital Status:
(Please tick appropriate box)

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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No. of Dependants:

Residential Details

Present Address:

Residential Status
(Please tick appropriate box)

<input type="checkbox"/> Owned (UnderFinancing)	<input type="checkbox"/> Owned (Unencumbered)
<input type="checkbox"/> Rented	<input type="checkbox"/> Parent's

Other(Please Specify)

If Rented/Under Financing (Monthly Commitment).....

Residing Since Years Months.....

Telephone(s) ☐ Prefers

Mobile ☐ Prefers

Personal Email

Permanent Residential Address:

Employment Details

For Salaried Individuals Only

Occupation/Profession

Type of Industry

Employer/Company Name

Employer Status ☐ Govt. ☐ Semi Govt. ☐ Public Limited ☐ Private Ltd.
(Please tick appropriate box)

☐ Proprietor/Partnership ☐ Other(Please specify)

☐ Contract ☐ Full Time ☐ Part Time

Designation Date of Joining

Office Address

Office Tel.(direct)

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 ☐ Public Ltd ☐ Private Ltd ☐ Proprietor /Partnership
(Please tick appropriate box)

☐ Other (please Specify)

Office/Business address

Office Premises ☐ Rented ☐ Other (Please specify)
(Please tick appropriate box)

☐ Owned (Under/Financing) ☐ Owned (Unencumbered)

If Rented/Under Financing (Monthly Commitment).....

Office Tel.(direct) Office Fax

Office Email

Factory Address

Telephone(Factory)

Factory Premises ☐ Owned (Under/Financing) ☐ Owned (Unencumbered)
(Please tick appropriate box)

☐ Rented ☐ Other (Please specify)

Monthly Income and Expenditure Details

For Salaried Individuals and Self Employed Professionals

Income

Salary (Mrf)

Rent Apartment (Mrf).....

Business (Mrf)

Other Income (Mrf)

Total Income (Mrf)

Expenditure

Family Outgoing (Mrf)

Bills (electricity,water etc) (Mrf)

Monthly Installment on Current Banking Facility (Mrf).....

Other Deductions (Mrf)

Total Expenditure (Mrf)

Net Monthly Surplus (Mrf)

Existing Banking Facilities With Other Banks

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 have no other outstanding Bank facility with any other Banks.

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.....

Reference Details

Kindly provide two references, one of an office colleague / friend and another of an immediate relative

Office Colleague/friend

Name

NID #

Res.Address

City Country.....

Res. Tel. Office Tel.

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 its 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-Applclicant Signature(if any)

.....
Applicant Name Co-Applclicant Name
(as per NID) (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:

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Bank Officer's Signature