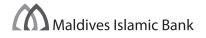


BUSINESS FINANCING APPLICATION FORM

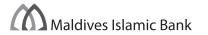
Please complete the information below to request Mandate or Authority

MAIN APPLICATION SECTION Personal Details Name Mr./Mrs./Ms. (as it appears on your NID)Nationality: NID (new) Father's/Husband's Name: Male Female Gender (Please tick appropriate box) **Educational Qualification** Masters & above Inter/A levels (Please tick appropriate box) Bachelors Metric/O levels Adv Diploma Diploma Institution: Single Marital Status: (Please tick appropriate box) Married Widowed No. of Dependants: **Residential Details** Present Address: Owned (Under/Financing) Owned (Unencumbered) Residential Status (Please tick appropriate box) Rented Other(Please Specify) If Rented/Under Financing (Monthly Commitment)..... Residing Since Years Months Telephone(s) Preferres Personal Email **Financing Requirement Financing Details** %) Financing amount - Mrf / USD %) Equity participating - Mrf / USD month Period of financing ..



Employment Details

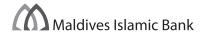
For Salaried Individuals	s Only
Occupation/Profession	
Type of Industry	
Employer/Company Name	
Employer Status (Please tick appropriate box)	Govt. Semi Govt. Public Limited Private Ltd. Proprietor/Partnership Other(Please specify) Contract Full Time Part Time
Designation	Date of Joining
Office Address	
Office Tel.(direct)	
Office Email	
Previous Employer's Name	
Duration previous Employmer	nt Years Months
Total Working Experience	Years Months
Self Employed / Profes	sionals
Occupation/Profession	
Type of Industry	
Company Business Name	
Designation	Establishment Date
Corporate Status (Please tick appropriate box)	Public Ltd Private Ltd Proprietor /Partnership Other (please Specify)
Office/Business address	
Office Premises (Please tick appropriate box)	Rented Other (Please specify) Owned (Under/Financing) Owned (Unencumbered)
If Rented/Under Financing (M	onthly Commitment).
Office Tel.(direct)	Office Fax
Office Email	
Factory Address	
Telephone(Factory)	
Factory Premises (Please tick appropriate box)	Owned (Under/Financing) Owned (Unencumbered) Rented Other (Please specify)



Monthly Income and Expenditure Details

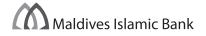
For Salaried Individuals and Self Employed Professionals

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Salary (Mrf)			
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usiness (Mrf) ·····			
Other Income (Mrf)			
otal Income (Mrf)			
expenditure			
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onthly Installment on Currer	nt Banking Facility (Mrf)·····		
Other Deductions (Mrf)			
otal Expenditure (Mrf)			
let Monthly Surplus (Mrf)			
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xisting Banking Facili	ties With Other Banks		
	ties With Other Banks		
	ties With Other Banks Facility Type/Purpose	Limit / Since	Outstanding
Credit/Financing Facility		Limit / Since	Outstanding
credit/Financing Facility		Limit / Since	Outstanding
Credit/Financing Facility		Limit / Since	Outstanding
credit/Financing Facility		Limit / Since	Outstanding
Bank Name		Limit / Since	Outstanding
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Bank Name Deposit	Facility Type/Purpose		
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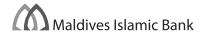
CO-APPLICANT SECTION

Personnel Details		
(as it appears on your NID)		Nationality:
Father's/Husband's Name: .		
Gender Educational Qualification (Please tick appropriate box)	Male Masters & above Bachelors	Female Inter/A levels Metric/O levels
Institution: Marital Status: (Please tick appropriate box) No. of Dependants:	☐ Diploma ☐ Single ☐ Married	Adv Diploma Divorced Widowed
Residential Details		
Present Address:		
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 Preferres
Personal Email		
Permanent Residential Add	ress:	



Employment Details

Cocupation/Profession	For Salaried Individua	is Only
Employer/Company Name Employer Status	Occupation/Profession	
Employer Status	Type of Industry	
Proprietor/Partnership	Employer/Company Name	
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 Other (please Specify) Office / Business address Office Premises Please tick appropriate box) If Rented/Under Financing (Monthly Commitment) Office Tel. (direct) Office Tel. (direct) Office Fax Owned (Unencumbered)		Govt. Semi Govt. Public Limited Private Ltd.
Designation Date of Joining Office Address	,	Proprietor/Partnership Other(Please specify)
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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/Business address Office Premises (Please tick appropriate box) Manage of the properties of	Duration previous Employme	ent Years Months
Type of Industry	Total Working Experience	
Type of Industry Company Business Name Designation	Self Employed / Profes	ssionals
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 Other (Please specify) Owned (Under/Financing) Owned (Unencumbered) If Rented/Under Financing (Monthly Commitment). Office Tel.(direct) Office Email Factory Address Telephone(Factory) Factory Premises (Please tick appropriate box) Owned (Under/Financing) Owned (Under/Financing) Owned (Under/Financing) Owned (Under/Financing) Owned (Under/Financing)	Company Business Name	
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Office Email Factory Address Telephone(Factory) Factory Premises Owned (Under/Financing) Owned (Unencumbered)	Office Tel.(direct)	Office Fax
Factory Premises Owned (Under/Financing) Owned (Unencumbered)		
Factory Premises Owned (Under/Financing) Owned (Unencumbered)	Factory Address	
(Please tick appropriate box)	Telephone(Factory) ·····	
☐ Rented ☐ Other (Please specify)		Owned (Under/Financing) Owned (Unencumbered) Rented Other (Please specify)



Monthly Income and Expenditure Details

For Salaried Individuals and Self Employed Professionals

ncome			
alary (Mrf)			
lent Apartment (Mrf)			
usiness (Mrf)			
other Income (Mrf)			
otal Income (Mrf)			
Expenditure			
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ills (electricity,water etc) (Mrf	f)		
onthly Installment on Currer	nt Banking Facility (Mrf)·····		
Other Deductions (Mrf)			
otal Expenditure (Mrf)			
let Monthly Surplus (Mrf)			
,			
xisting Banking Facili	ities With Other Banks		
	ities With Other Banks		
	Facility Type/Purpose	Limit / Since	Outstanding
redit/Financing Facility		Limit / Since	Outstanding
redit/Financing Facility		Limit / Since	Outstanding
redit/Financing Facility		Limit / Since	Outstanding
Bank Name		Limit / Since	Outstanding
Bank Name		Limit / Since	Outstanding
Bank Name		Limit / Since	Outstanding Operation Since
Bank Name Deposit	Facility Type/Purpose		
Bank Name Deposit	Facility Type/Purpose		
Bank Name Deposit	Facility Type/Purpose		
Bank Name Deposit	Facility Type/Purpose		
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Bank Name Bank Name Bank Name	Facility Type/Purpose		
Bank Name Deposit Bank Name	Facility Type/Purpose Account Type	Branch	Operation Since
Bank Name Deposit Bank Name	Facility Type/Purpose Account Type	Branch	Operation Since



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) 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 Country Res, Tel. Office Tel.

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 Officer's Signature	