

| DDANIGHT |  |
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| RRANTH   |  |
| DIVITION |  |

## APPLICATION FOR CREDIT FACILITIES (INDIVIDUAL)

| FILL IN BLOCK CAPITALS * <b>DELETE</b> OR WRITE <b>NONE</b> WHERE APPROPRIATE |                                |  |  |  |  |
|---|--------------------------------|--|--|--|--|
| 1. Name in full (Underline Surname)   |                                |  |  |  |  |
|   |                                |  |  |  |  |
|   |                                |  |  |  |  |
|   |                                |  |  |  |  |
| 2. Private Address :  | 3. NIC No. :                   |  |  |  |  |
|   | Date of Issue:                 |  |  |  |  |
| Tel No.:  | Date of Birth:                 |  |  |  |  |
| E-mail:   | Nationality :                  |  |  |  |  |
| Previous Address (if any):  | Civil Status :                 |  |  |  |  |
| × 2%  | No of Dependants & Ages:       |  |  |  |  |
|   | (Please enclose a copy of NIC) |  |  |  |  |
| 4. Present Employer :   |                                |  |  |  |  |
| Position Held:  |                                |  |  |  |  |
| Office Address :  |                                |  |  |  |  |
|   |                                |  |  |  |  |
| Telephone: Mobile:  |                                |  |  |  |  |
| E-mail:   |                                |  |  |  |  |
| 5. If self employed give details:   |                                |  |  |  |  |
| Business Name :   |                                |  |  |  |  |
| Address:  |                                |  |  |  |  |
| N   |                                |  |  |  |  |
| Nature of Business:   |                                |  |  |  |  |
| Tele Nos. :   |                                |  |  |  |  |
| Previous immediate Employer's Names & Address (If any)                        | :                              |  |  |  |  |
|   |                                |  |  |  |  |
|   |                                |  |  |  |  |
|   |                                |  |  |  |  |
| Full Name of spouse   |                                |  |  |  |  |
| Details of his/her employment (If any)  |                                |  |  |  |  |
| Monthly Income of spouse (If any)   |                                |  |  |  |  |
| Tele Nos.   |                                |  |  |  |  |

| 6. Facilities Re   | equired                |            |           |                         |                |                        |                     |                                    |                            |
|--|------------------------|------------|-----------|-------------------------|----------------|------------------------|---------------------|------------------------------------|----------------------------|
| Type of Facility   |                        | Amount     |           | Repayment period/Source |                | Monthly<br>Installment |                     | Purpose of facility (give details) |                            |
|  |                        |            |           |                         |                |                        |                     |                                    |                            |
|  |                        |            |           |                         |                |                        |                     |                                    |                            |
| Security offere  | ed & estimate          | ed marke   | t value   | (Give de                | etails)        | <u> </u>               |                     |                                    |                            |
|  |                        |            |           |                         |                |                        |                     | •••••                              |                            |
| 7. Details of A  | .ccounts/depo          | osits held | l with    | Bank/Fin                | ancial Institu | utions                 |                     | ļ                                  |                            |
| Name of It   | nstitution             | Branch     |           | Type of A/C             |                | Account Nos.           |                     | Balance                            |                            |
| a) Pan Asia E  | Bank                   |            |           |                         |                |                        |                     |                                    |                            |
| b) Other Insti   | b) Other Institutions  |            |           |                         |                |                        |                     |                                    |                            |
| 8. Existing Fac<br>Partner / Direc<br>a) Pan Asia Ba                       | tor of Comp            |            | l Institu | utions and              | d obligations  | s as Gu                | arantor / Inden     | nnite                              | r / Proprietor /           |
|  | Type o                 | of         | Ori       | ginal                   |                | - 15                   | Security            | Ť                                  | As Borrower                |
| Branch   | Branch facility & Date |            | Amount    |                         | Present O/S    |                        | offered             |                                    | / Guarantor                |
|  |                        |            |           |                         |                |                        |                     |                                    |                            |
|  |                        |            |           |                         |                |                        |                     |                                    |                            |
| b) Other Finan   | icial Instituti        | ons        | ļ         |                         |                |                        |                     |                                    |                            |
| Name of Type of Institution facility &                                     |                        |            |           | ginal<br>nount          | Present O/S    |                        | Security<br>offered |                                    | As Borrower<br>/ Guarantor |
|  |                        |            |           |                         |                |                        |                     |                                    |                            |
|  |                        |            |           |                         |                |                        |                     |                                    |                            |
| 9. Personal Financial Details :<br>Monthly Salary/Income<br>(Basic Salary) |                        | ls:        | Self      |                         |                |                        | Spouse              |                                    |                            |
|  |                        |            |           |                         |                |                        |                     |                                    | ęv                         |
| Total Allowance (Less) Deductions  |                        |            |           |                         |                |                        |                     |                                    |                            |
| Instal. & Interes  |                        | wing       |           |                         | ••••           |                        |                     |                                    |                            |
| Net Salary Other Income  | (Ple aposita)          |            |           |                         | ••••           |                        |                     |                                    |                            |
| Other Income<br>Total  | (Fis specify)          |            |           |                         |                |                        |                     |                                    | e.<br>•,                   |
|  |                        |            |           |                         |                |                        |                     |                                    | om Employer)               |

| Household Cor<br>Other Commits   |                              |                   |                   |                   |           |               |                                     |  |
|--|------------------------------|-------------------|-------------------|-------------------|-----------|---------------|-------------------------------------|--|
| 10. Assets own   | ed by you:                   |                   |                   |                   |           |               |                                     |  |
| Fixed Assets : Address of property : Approx. Value :   |                              |                   |                   | Moveable Assets : |           |               |                                     |  |
| Life Policies: Insurer: Value of Policy: Surrender value or date of Policy:  11. Income Tax for past three years. Enclose assessm  |                              |                   | Any other Assets: |                   |           |               |                                     |  |
| Year of<br>Assessment  | Total<br>Statutory<br>Income | Taxable<br>Income | Tax               | Amount paid       | Net Worth | Tax           | Amount paid                         |  |
| 12. Any other information which in your view could be relevant to the application:  The information provided above is in all respects true, accurate and complete to the best of my knowledge an |                              |                   |                   |                   |           |               |                                     |  |
| is made with exprovide any adthink fit   |                              |                   |                   |                   |           |               | e. I also agree to<br>ime as it may |  |
| Date:  |                              |                   |                   |                   | Sigr      | nature of App | licant                              |  |
| Suggested L  | ist to be at                 | tached to I       | Loan Appl         | lications         |           |               |                                     |  |

In the case of Loans to be granted against Mortgage over Property

- a) Please furnish a recent plan depicting the allotment of land and copy of last deed of Transfer
- b) The following additional documents will be required before approval of loan
- i) Complete set of Title documents (including copies of Title Deeds indicating ownership to the Properties) covering 30/35 years clear Title
- ii) Registration extracts
- iii)Pedigree and abstract of Title

  - ✓ Certificate of Street lines