

APPLICATION FOR OVERDRAFTS AND LOANS AGAINST DEPOSITS – INDIVIDUAL / JOINT

Name/s of the Applicant/s	
Account No.	
Addresses of Applicant/s	
ID/Passport No/s	
Contact No/s of Applicant/s	Home: _____ Office: _____ Mobile: _____ Fax: _____
Email addresses of the Company	
Type of facility	Overdraft / Loan
Amount	
Purpose of the facility	
Repayment period	
Type of the security	
Amount of the security	
Name of the Security Provider	
Any Other Remarks	

I/We hereby confirm that the details furnished above are true and accurate and no material information have been willfully withheld in completing this application

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Signature of the Applicant

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Signature of the applicant

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Signature of the applicant