CBM
COMMERCIAL BANK OF MALDIVES

APPLICATION FOR CREDIT FACILITY (INDIVIDUAL)

Fill in block capitals * delete or write none where appropriate

Full Name of Applicant (Surname Underlined)		Date of Birth
		Nationality
		N. I. C. No.
		Date of Issue
		Civil Status
Private Address	**Office Address**	No. of Dependents
		Their Ages
Tel No.	Tel No.	
Present Employer	**If Self Employed give Details**	Accommodation Provided / Rented / Owned
		If Provided / Rented give Permanent Address
Employed since		
Present Position		

Previous Employer's Name & Address If less than 03 years with Present Employer	Full Name of Spouse
	Details of His / Her Employment (if any)
	Tel. No.

Facilities Requested

Facility	Amount

Purpose in Detail

Repayment plan / Source*

Security/ies Offered

Bank accounts finance company deposits (please give details of all current / deposits / savings accounts with us & other financial institutions)

Name of Institutions	Branch	Type of Account	A/C No. (if any)	Balance

Existing facilities with commercial bank of maldives (if any)

Name of Branch	Date & Type of Facility	Original Amount	Present Outstanding	Securities Held

Facilities with other banks / finance companies / hire purchase / leasing companies / others

Name of Institution	Date & Type of Facility	Original Amount	Present Outstanding	Securities Held

Are you a Proprietor or partner of and concern
(if so give details)

Details of Borrowings of the Proprietorship / Partnership Concern (if any)

Expenses Monthly figures	Income Monthly figures	Whether remitted to bank
Household Expenses...	Basic Salary	Yes/ No*
Rent & Rates	Allowances..	Yes/ No*
Tax Provision	Spouse's Salary	Yes/ No*
Insurance Premiums	Other Income	Yes/ No*
	(Please specify below)	

Instalment & Interest
on Borrowings   ………………………………..

Other Commitments   ……………………………   ………………………………………
(Please specify below) ……………………………   ………………………………………

Detaile of property Owned address	Extent	Estd. Value of Property	Mortgage Outstanding (If any)	Lender / mortgagee

Other assets (if space provided is insufficient please attach details)	
Motor vehicle / s	Shares
Make Registration no Estd. Value	Name of company No of shares Estd. Value
Life policy/ies	Any other assets
Insurer Value of policy Surrender value or date of policy	

Income tax for the past 03 years – attach in
Supporting documents

Year of Assessment	Total/Statut:/ Income	Taxable Income	Tax	Amt. Paid	Net Wealth	Tax	Amt. Paid

Any contingent Liabilities, Guarantees, Securities to 3rd Parties		Details of any previous borrowing within the last 4 years which have been settled in full

Any other Information which in your view would be relevant to this Application

The information set above is true to the best of our knowledge & belief & we agree that the Bank may from time to time after receipt of this Application make inquiries about our affairs as it may think fit.

…………………………   …………………………   …………………………

Date   Account no: Signature of Applicant