

Fill in block capital * delete or write none where appropriate				
Name of Firm		Name of Proprietor		
Date of Registration				
Office Address		Residential Address		
Tel: No.		Tel: No.		
Types of Business & Trading lines				
Facility / ies Requested				
Facility			Amount	
Purpose in Detail				
Repayment plan / Source				
Security/ies Offered				
Names of Concerns in which the Proprietor has Financial & Other Interest				
Name of Firm		Capacity		Address
Existing Facilities with Commercial Bank of Maldives (Pvt) Ltd (if any)				
Branch	Type of Facility	Original Amount	Present Outstanding	Securities Held

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

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

Business turnover tax (Please attach in support thereof)

Year	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter

Financial Statements

Please enclose Audited Accounts for the past 03 years. In case the Audited or Draft accounts for the Last year is not available, you may submit the following figures for the last Tax year (.....)

Sales	Other Debtors
Gross Profit.....	Trade Creditors
Net Profit	Other Creditors
Turnover Tax Paid	Due to Other Banks
Stock in Trade	And/or *Finance Companies
(Insured for MVR.)	Drawings of Proprietor
Trade Debtors	Fixed Assets

Details of any previous Borrowings within last 04 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 my knowledge & belief and I agree that the Bank may from time to time after receipt of this Application, make inquiries about my affairs as it may think fit.

Date : A/C No:.....
 Signature of Sole proprietor