

CORPORATE CUSTOMERS APPLICATION FORM

Please complete the information below to request Mandate or Authority

MAIN APPLICATION SECTION				
Company Details				
Company Name:				
Company Address:				
(Please tick approp	oriate box)			
Company Business Address:				
Office Tel:		Office Fax:		
Office Email:		Office Postcoo	le:	
Profile				
Type of Business:		Date of Operat	ion:	
Registration No:		Registration Da	ate:	
No. of employees:				
Share Structure				
Shareholder Name	No. of Shares	Percentage	Designation	
Financial Structure				
Total Assets		Net Worth		
Total Liabilities		PBIT		
Turnover				

FINANCING DETAILS					
Type of Financing: Property Assets Vehicles Other.					
Financing Amount Mrf					
Equity Participation Mrf					
Period of Financing					
Purpose of Financing					
Project Cost (If Appropriat	e)				
	•	NAME OF OURDUIED	COURCE OF DAVMENT		
ITEM	COST(MRF)	NAME OF SUPPLIER	SOURCE OF PAYMENT		
DIRECTORS DETAILS					
Directors 1					
Namo		Designation:			
Name: Designation:					
Mobile No: Direct Line No:					
Permanent Address: Corresponding Address:					
Directors 2					
Name: Designation:					
Mobile No: Direct Line No:					
Permanent Address:					
Corresponding Address:					
*Please include details of additional Directors					

EXISTING FACILITIES WITH OTHER BANKS

Credit / Financing Facility

Bank Name	Facility Type / Purpose	Limit / Since	Outstanding

Deposit

Bank Name	Account Type	Branch	Operation Since

	I hereby confirm that I have no other outstanding Bank facility with any other Banks
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DIRECTORS FACILITIES

Directors 1

Credit / Financing Facility

Bank Name	Facility Type / Purpose	Limit / Since	Outstanding

Deposit

Account Type	Branch	Operation Since
	Account Type	Account Type Branch

Credit Card

	· '		
I hereby confirm that I ha	ve no other outstanding Bank facilit	y with any other Banks.	
ectors 2			
dit / Financing Facility			
Bank Name	Facility Type / Purpose	Limit / Since	Outstanding
osit			
Bank Name	Account Type	Branch	Operation Since
dit Card			
Bank Name	Card Type	Limit	Outstanding
I hereby confirm that I ha	ve no other outstanding Bank facilit	y with any other Banks	
		,,	

Collateral Details

Name of Property Owner(s)

Kindly provide details of the property for which you require financing.

Name:	
NID#	
Name:	
Property Name:	
Property Registry No:	
Area Location:	Land Area:
Property Age (Years):	Covered Area:
Additional Collateral Details	
Name of Property Owner(s)	
Name:	
NID#	
Name:	
NID#	
Address:	
Property Name:	
Property Registry No:	
Area Location:	Land Area:
Property Age (Years):	Covered Area:
Guarantor	
Name of Property Owner(s)	
Name:	
NI D#	
Address:	
Property Name:	
Property Registry No:	
Area Location:	Land Area:
Property Age (Years):	Covered Area:

Certification

I/we do hereby submit this application requesting for MIB Corporate Finance .I/we confirm our capability to complete all the formalities and give cheques as and when required by MIB. I/we 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	
Director Signature	Director Signature

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	