



MALDIVES ISLAMIC BANK

CORPORATE CUSTOMERS APPLICATION FORM

Please complete the information below to request Mandate or Authority

MAIN APPLICATION SECTION

Company Details

Company Name:

Company Address:

Legal Structure: Sole Trader Partnership Private Ltd Public Ltd

Other
(Please tick appropriate box)

Company Business Address:

Office Tel: Office Fax:

Office Email: Office Postcode:

Profile

Type of Business: Date of Operation:

Registration No: Registration Date:

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.....
(Please tick appropriate box)

Financing Amount Mrf

Equity Participation Mrf

Period of Financing

Purpose of Financing

Project Cost (If Appropriate)

ITEM	COST(MRF)	NAME OF SUPPLIER	SOURCE OF PAYMENT

DIRECTORS DETAILS

Directors 1

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.

DIRECTORS FACILITIES

Directors 1

Credit / Financing Facility

Bank Name	Facility Type / Purpose	Limit / Since	Outstanding

Deposit

Bank Name	Account Type	Branch	Operation Since

Credit Card

Bank Name	Card Type	Limit	Outstanding

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

Directors 2**Credit / Financing Facility**

Bank Name	Facility Type / Purpose	Limit / Since	Outstanding

Deposit

Bank Name	Account Type	Branch	Operation Since

Credit Card

Bank Name	Card Type	Limit	Outstanding

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

*Please include details of additional Directors

Collateral Details

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

Name of Property Owner(s)

Name:
NID#
Name:
NID#
Address:.....
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:
NID#
Name:
NID#
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	