



IMPORTANT: Please read our Personal Data Protection Notice ("Notice") before completing this form. By giving us your personal data and signing this form, you are indicating to us that you consent and agree to the terms of our Notice and to terms of this form.

PENTING : Sila baca Notis Perlindungan Data Peribadi kami ("Notis") sebelum melengkapkan borang ini. Dengan mengemukakan data peribadi anda dan menandatangani borang ini, anda memaklumkan kepada kami bahawa anda memberi kebenaran dan persetujuan terhadap terma-terma Notis kami dan terma-terma di dalam borang ini.

The Manager
Bank Muamalat Malaysia Berhad

BRANCH :
DATE :

I/We wish to apply for the following financing facility and furnish below particulars for your consideration :-

Form section for application details including TYPE OF APPLICATION, TYPE OF FACILITY, CAMPAIGN/PACKAGE, AMOUNT REQUESTED, and TENURE.

A. PERSONAL DETAILS (MAIN APPLICANT)

Form section A: PERSONAL DETAILS (MAIN APPLICANT) containing fields for title, full name, identification type, current address, date of birth, citizenship, gender, race, religion, education, marital status, and employment details.

B. EMPLOYMENT DETAILS

CURRENT EMPLOYMENT

Form section B: EMPLOYMENT DETAILS (Current Employment) containing fields for employer's name, nature of business, type of employment company, employer's address, occupation, position, date joined, and years of service.

PREVIOUS EMPLOYMENT (if any)

Form section B: EMPLOYMENT DETAILS (Previous Employment) containing fields for employer's name, nature of business, employer's address, occupation, position, and years of service.

C. SPOUSE DETAILS

TITLE: _____ FULL NAME: _____ (as per identification card)

IDENTIFICATION NO: i. New Identity Card ---------
 ii. Old Identity Card/ Army IC/ Police IC/ Passport ---------

OCCUPATION: _____
 EMPLOYER'S NAME: _____

HOMETOWN ADDRESS: ADDRESS _____
EMPLOYER'S ADDRESS: ADDRESS _____

POSTCODE TOWN _____
 STATE _____ COUNTRY _____
 TEL NO. (H) ----------
 TEL NO. (H/P) ----------
 POSTCODE TOWN _____
 STATE _____ COUNTRY _____
 TEL NO. (O) ----------
 MONTHLY INCOME: ----------
 RETIREMENT AGE: _____ years RETIREMENT DATE: _____ (only if applicable)

D. REFERENCE (Parents or close relatives who are not staying with the applicant)

1. TITLE: _____ FULL NAME: _____ (as per identification card)
 RELATIONSHIP TO APPLICANT: _____
 HOMETOWN ADDRESS: _____
 POSTCODE TOWN _____
 STATE _____ COUNTRY _____
 TEL NO. (H) ----------
 TEL NO. (O) ----------
 TEL NO. (H/P) ----------

2. TITLE: _____ FULL NAME: _____ (as per identification card)
 RELATIONSHIP TO APPLICANT: _____
 HOMETOWN ADDRESS: _____
 POSTCODE TOWN _____
 STATE _____ COUNTRY _____
 TEL NO. (H) ----------
 TEL NO. (O) ----------
 TEL NO. (H/P) ----------

E. MONTHLY INCOME AND EXPENDITURE

MONTHLY INCOME:		MONTHLY EXPENDITURE:	
BASIC SALARY/ INCOME	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	EPF	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
FIXED ALLOWANCE:		SOCSSO	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
1) _____	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	OTHER EXPENDITURE/ FINANCIAL COMMITMENT:	
2) _____	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	1) HOUSE	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
3) _____	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	2) VEHICLE	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
OTHER INCOME:		3) CREDIT CARD	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
1) _____	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	4) PERSONAL / OD	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
2) _____	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	5) OTHERS:.....	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
3) _____	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	6) OTHERS:.....	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
TOTAL GROSS INCOME	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	TOTAL FINANCIAL COMMITMENT	RM <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

F. EXISTING BANKING RELATIONSHIP WITH OTHER FINANCIAL INSTITUTIONS

FINANCING FACILITY :				
TYPE OF FACILITY	BANK'S NAME & BRANCH	APPROVED LIMIT (RM)	O/S BALANCE (RM)	MONTHLY INSTALMENT (RM)

G. EXISTING BANKING RELATIONSHIP WITH BMMB (FOR BANK'S USE)

FINANCING FACILITY :			
TYPE OF FACILITY	APPROVED LIMIT (RM)	O/S BALANCE (RM)	MONTHLY INSTALMENT (RM)

D. REFERENCE (Parents or close relatives who are not staying with the applicant)

1. TITLE: _____ FULL NAME: _____ (as per identification card)
 RELATIONSHIP TO APPLICANT: _____ TEL NO. (H) [] [] - [] [] [] [] [] [] [] [] [] []
 HOMETOWN ADDRESS: _____ TEL NO. (O) [] [] - [] [] [] [] [] [] [] [] [] []
 _____ TEL NO. (H/P) [] [] - [] [] [] [] [] [] [] [] [] []
 POSTCODE [] [] [] [] [] TOWN _____
 STATE _____ COUNTRY _____

2. TITLE: _____ FULL NAME: _____ (as per identification card)
 RELATIONSHIP TO APPLICANT: _____ TEL NO. (H) [] [] - [] [] [] [] [] [] [] [] [] []
 HOMETOWN ADDRESS: _____ TEL NO. (O) [] [] - [] [] [] [] [] [] [] [] [] []
 _____ TEL NO. (H/P) [] [] - [] [] [] [] [] [] [] [] [] []
 POSTCODE [] [] [] [] [] TOWN _____
 STATE _____ COUNTRY _____

E. MONTHLY INCOME AND EXPENDITURE

MONTHLY INCOME:		MONTHLY EXPENDITURE:	
BASIC SALARY/ INCOME	RM [] [] [] [] [] [] - [] []	EPF	RM [] [] [] [] [] [] - [] []
FIXED ALLOWANCE:		SOCSO	RM [] [] [] [] [] [] - [] []
1) _____	RM [] [] [] [] [] [] - [] []	OTHER EXPENDITURE/ FINANCIAL COMMITMENT:	
2) _____	RM [] [] [] [] [] [] - [] []	1) HOUSE	RM [] [] [] [] [] [] - [] []
3) _____	RM [] [] [] [] [] [] - [] []	2) VEHICLE	RM [] [] [] [] [] [] - [] []
OTHER INCOME:		3) CREDIT CARD	RM [] [] [] [] [] [] - [] []
1) _____	RM [] [] [] [] [] [] - [] []	4) PERSONAL / OD	RM [] [] [] [] [] [] - [] []
2) _____	RM [] [] [] [] [] [] - [] []	5) OTHERS:.....	RM [] [] [] [] [] [] - [] []
3) _____	RM [] [] [] [] [] [] - [] []	6) OTHERS:.....	RM [] [] [] [] [] [] - [] []
TOTAL GROSS INCOME	RM [] [] [] [] [] [] - [] []	TOTAL FINANCIAL COMMITMENT	RM [] [] [] [] [] [] - [] []

F. EXISTING BANKING RELATIONSHIP WITH OTHER FINANCIAL INSTITUTIONS

FINANCING FACILITY :

TYPE OF FACILITY	BANK'S NAME & BRANCH	APPROVED LIMIT (RM)	O/S BALANCE (RM)	MONTHLY INSTALMENT (RM)

G. EXISTING BANKING RELATIONSHIP WITH BMMB (FOR BANK'S USE)

DEPOSIT:	ACCOUNT NO.	ACCOUNT NO.
SAVINGS ACCOUNT	1. _____	2. _____
CURRENT ACCOUNT	1. _____	2. _____
GENERAL INVESTMENT ACCOUNT	1. _____	2. _____

FINANCING FACILITY :	APPROVED LIMIT (RM)	O/S BALANCE (RM)	MONTHLY INSTALMENT (RM)



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PENTING : Sila baca Notis Perlindungan Data Peribadi kami ("Notis") sebelum melengkapkan borang ini. Dengan mengemukakan data peribadi anda dan menandatangani borang ini, anda memaklumkan kepada kami bahawa anda memberi kebenaran dan persetujuan terhadap terma-terma Notis kami dan terma-terma di dalam borang ini. Notis kami boleh diperolehi dari laman web kami di www.muamalat.com.my dan mana-mana cawangan kami.

The Manager
Bank Muamalat Malaysia Berhad

BRANCH :
DATE :

I/We wish to apply for the following financing facility and furnish below particulars for your consideration :-

TYPE OF APPLICATION:	<input type="checkbox"/> Single Application	<input type="checkbox"/> Joint Application		
TYPE OF FACILITY:	<input type="checkbox"/> House Financing	<input type="checkbox"/> House Re-Financing	<input type="checkbox"/> Shophouse/ShopLot Financing	<input type="checkbox"/> Shophouse/ ShopLot Re-Financing
	<input type="checkbox"/> Land Financing	<input type="checkbox"/> Aitab Vehicle Financing	<input type="checkbox"/> Aitab Non-Vehicle Financing	<input type="checkbox"/> Personal Financing
	<input type="checkbox"/> Educational Financing	<input type="checkbox"/> Mcash	<input type="checkbox"/> Bank Guarantee	<input type="checkbox"/> Others: _____
CAMPAIGN/ PACKAGE:	AMOUNT REQUESTED: RM _____		TENURE: _____ years	

A. COMPANY/ PARTNERSHIP/ SOLE PROPRIETORSHIP

COMPANY'S NAME: (as per registration certificate)	REGISTRATION NO:	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []		
TYPE OF COMPANY:	AUTHORISED CAPITAL:	RM _____		
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Conglomerate/MNC	<input type="checkbox"/> Listed Company at Bursa Malaysia	PAID-UP CAPITAL: RM _____	
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Public Ltd. (Bhd)	<input type="checkbox"/> Private Ltd. (Sdn Bhd)	DATE OF INCORPORATION: [] [] - [] [] - [] [] [] [] [] [] [] []	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole-Proprietorship	<input type="checkbox"/> Others: _____	YEARS IN BUSINESS OPERATION: [] [] [] years	
BUMIPUTRA STATUS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NATURE OF BUSINESS: _____	
RELATED TO BMMB STAFF:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	PREFERRED MAILING ADDRESS:	
If yes, please specify: Staff Name/ ID No.: _____	<input type="checkbox"/> Business <input type="checkbox"/> Registered			
Relationship: _____	REGISTERED ADDRESS:			
Dept./ Branch: _____	ADDRESS _____			
BUSINESS ADDRESS:	BUSINESS ADDRESS:			
ADDRESS _____	ADDRESS _____			
POSTCODE [] [] [] [] [] [] TOWN _____	POSTCODE [] [] [] [] [] [] TOWN _____			
STATE _____ COUNTRY _____	STATE _____ COUNTRY _____			
TEL NO. (O) [] [] - [] [] [] [] [] [] [] [] [] [] [] [] [] []	TEL NO. (O) [] [] - [] [] [] [] [] [] [] [] [] [] [] [] [] []			
FAX NO. [] [] - [] [] [] [] [] [] [] [] [] [] [] [] [] []	FAX NO. [] [] - [] [] [] [] [] [] [] [] [] [] [] [] [] []			

B. DIRECTORS/ PARTNERS INFORMATION

NAME	NRIC NO.	SHAREHOLDINGS	
		RM	%
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

C. MONTHLY INCOME AND EXPENDITURE

MONTHLY BUSINESS TURNOVER:	RM [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	MONTHLY BUSINESS EXPENDITURE:	RM [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
PROFIT FOR THE PREVIOUS YEARS:		COMPANY'S NETWORTH:	RM [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
YEAR: _____	RM [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []		
YEAR: _____	RM [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []		

D. EXISTING BANKING RELATIONSHIP WITH OTHER FINANCIAL INSTITUTIONS

FINANCING FACILITY :				
TYPE OF FACILITY	BANK'S NAME & BRANCH	APPROVED LIMIT (RM)	O/S BALANCE (RM)	MONTHLY INSTALMENT (RM)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E. EXISTING BANKING RELATIONSHIP WITH BMMB (FOR BANK'S USE)

DEPOSIT:	ACCOUNT NO.	ACCOUNT NO.	
SAVINGS ACCOUNT	1. _____	2. _____	
CURRENT ACCOUNT	1. _____	2. _____	
GENERAL INVESTMENT ACCOUNT	1. _____	2. _____	
FINANCING FACILITY :	APPROVED LIMIT (RM)	O/S BALANCE (RM)	MONTHLY INSTALMENT (RM)
TYPE OF FACILITY	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECURITY

OTHERS (for personal financing/ other financing, if applicable)

Clean Security Deposit GIA Stock/Shares Unit Trust Others:.....

Account No./ Reference No./ Certificate No./ Receipt No.: _____ Name/ Remark (if applicable) _____ Security Value (RM): _____

1. _____ (%)

2. _____ (%)

3. _____ (%)

4. _____ (%)

FOR BANK'S USE

FINANCING TERMS

FINANCING REQUIRED: RM _____ TENURE: _____

PERSONAL FINANCING TYPE: _____ PROFIT RATE: _____ %

Micro Cash Others:..... TYPE OF REPAYMENT:
If Micro, source of repayment from:..... Salary deduction at source

FREQUENCY OF PAYMENT: PPI/ SI from BMMB

Monthly Yearly PPI/ SI from other Bank

Quarterly Bullet payment Post-dated cheque

Half-yearly Others:..... Payment over counter/CDM

PROPERTY (for house financing/ other financing, if applicable)

PURCHASE TYPE: Purchase From Developer Own Construction
 Purchase From Vendor Re-financing
 Auction

DEVELOPER'S NAME (if any) : _____

VENDOR'S NAME (if any) : _____

CHARGE BANK (if any) : _____

PROPERTY TYPE : Residential Commercial
 Industrial Vacant Land

PROPERTY SUB TYPE : Semi-Detached Terrace/ Link Bungalow
 Townhouse Cluster Apartment
 Condominium Shophouse Shop / Office Lot
 Commercial Complex Factory Vacant Land

BUILDING TYPE : Single Storey 1 1/2 Storey Double Storey
 2 1/2 Storey Triple Storey Others:.....

CONSTRUCTION STATUS : Completed (If Completed, CF available? YES / NO)
 Under Construction (Stage of Completion%)

USE OF PROPERTY: Owner Occupied Investment For Company Use

TITLE PARTICULARS : _____ (for director/worker etc.)

TITLE STAGE : Individual Title Master Title Strata Title

TITLE NO./ UNIT NO. : _____ LOT NO. / PLOT NO. : _____

MUKIM : _____ TOWN / DISTRICT : _____ STATE : _____

PROPERTY ADDRESS: _____

ADDRESS _____

POSTCODE TOWN _____

STATE _____ COUNTRY _____

FOR BANK'S USE

DEVELOPER'S STATUS : Premier Tier 1 Tier 2 Tier 3
 Contractor (Non-HDA) Non Panel N/A

BRIDGING FINANCING BY BMMB ? Yes No

LAND USE : Argicultural Commercial Industrial
 Residential Mixed Mining

TITLE TRANSFER Malay Reserve Bumi Lot Native Land

RESTRICTION : State Consent Not Applicable

LOCATION STATUS : High Growth Medium Growth Low Growth

LAND STATUS : Freehold Leasehold
Leasehold Period:years
Leasehold Expiry Date:

BUILT UP AREA: _____

LAND AREA: _____ Remaining Period:years

SPA/ PRO-FORMA INVOICE/ AUCTION PRICE: RM _____

DATE SPA/ PRO-FORMA INVOICE/ AUCTION: _____

VALUATION REPORT: Full Valuation Indicative Valuation

VALUER'S NAME: _____

VALUATION DATE: _____ VALUATION PRICE: RM _____

FINANCING TERMS

FINANCING REQUIRED: RM _____ MOF: _____ TENURE: _____

SUB-PRODUCT TYPE	DURATION	PROFIT RATE	TYPE OF REPAYMENT:
1. _____	_____	_____	<input type="checkbox"/> Salary deduction at source
RM _____	_____	_____	<input type="checkbox"/> PPI/ SI from BMMB
2. _____	_____	_____	<input type="checkbox"/> PPI/ SI from other Bank
RM _____	_____	_____	<input type="checkbox"/> Post-dated cheque
			<input type="checkbox"/> Payment over counter/CDM

VEHICLE/ MACHINERY (for vehicle financing/ other financing, if applicable)

PURCHASE TYPE: Purchase From Dealer Purchase From Vendor
 Auction

DEALER'S NAME (if any) : _____

SALESMAN'S NAME: _____ CONTACT NO: _____

VENDOR'S NAME (if any) : _____

CHARGE BANK (if any) : _____

VEHICLE/ MACHINERY TYPE: New Unregistered Recond
 Used Registered Recond

MAKE: _____

MODEL: _____

ENGINE/ SERIAL NO.: _____

CHASIS NO.: _____ C.C. _____

YEAR MADE: _____ COLOUR _____

REGISTRATION NO.: _____ REGISTRATION DATE: _____

HP AGREEMENT (Ref. No.): _____

USE OF VEHICLE/MACHINERY: Personal Commercial

FOR BANK'S USE

DEALER STATUS : Panel Non-Panel PRO-FORMA INVOICE/ AUCTION PRICE: RM _____

Direct walk-in DATE PRO-FORMA INVOICE/ AUCTION: _____

VALUATION: _____

VALUER	RM	DATE
1. BMMB VALUATION GUIDE		
2. _____		
3. _____		

FINANCING TERMS

CASH PRICE RM _____ DEPOSIT RM _____

FINANCING REQUIRED RM _____ MOF _____ %

PROFIT RATE (FLAT) _____ % DURATION _____ YEARS

EFFECTIVE YIELD (IRR) _____ % TYPE OF REPAYMENT:
 Salary deduction at source

PROFIT AMOUNT RM _____ PPI/ SI from BMMB

TOTAL PAYABLE RM _____ PPI/ SI from other Bank

MONTHLY RENTAL: RM _____ Post-dated cheque

FINAL INSTALLMENT/ SELLING PRICE: RM _____ Payment over counter/CDM

DEALER'S HANDLING FEE RM _____ EWP RM _____

APPLICANT'S DECLARATION

1. I/We hereby declare that the information given in this financing form and other documents are true and I/We do not conceal any information that may affect my/our application.
2. I/We have read the Bank's Personal Data Protection Notice ("Notice") before completing this form. By furnishing my/our personal data and signing this form, I/we hereby give our consent and agree to the terms of the Notice and to the terms of this form.
3. I/We have not committed any act of bankruptcy as defined under Section 3 of the Bankruptcy Act 1967.
4. I/We hereby authorize the Bank to contact my/our employer or any party to obtain any information required by the Bank.
5. I/We hereby give my/our consent for BMMB to proceed with the credit checking with any credit reference agencies. Pursuant to that, I/We hereby authorize the Bank to give, furnish, divulge or otherwise disclose, to the said credit reference agencies of any information, statements or facts with respect to the matters relating to my/our facility(ies) or account(s) with the Bank.
6. The Bank has the right to decline or reject my/our application should the Bank in its absolute discretion decides that my credit appraisal quality does not meet the Bank's requirement. The Bank also has the right to withdraw any of the financing facilities being approved if the information given by me/us is/are false.

Name:

Name:

Authorised Company Chop & Signature

Date:

Date:

Date:

FOR BANK'S USE ONLY

Interviewed by:

Remark (if any):

Name & Staff
Designation

Date:

D. EXISTING BANKING RELATIONSHIP WITH OTHER FINANCIAL INSTITUTIONS

FINANCING FACILITY :

TYPE OF FACILITY	BANK'S NAME	APPROVED LIMIT (RM)	O/S BALANCE (RM)	MONTHLY INSTALMENT (RM)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E. EXISTING BANKING RELATIONSHIP WITH BMMB (FOR BANK'S USE)

DEPOSIT:

	ACCOUNT NO.	ACCOUNT NO.
SAVINGS ACCOUNT	1. _____	2. _____
CURRENT ACCOUNT	1. _____	2. _____
GENERAL INVESTMENT ACCOUNT	1. _____	2. _____

FINANCING FACILITY :

TYPE OF FACILITY	APPROVED LIMIT (RM)	O/S BALANCE (RM)	MONTHLY INSTALMENT (RM)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. GUARANTOR'S DECLARATION

1. I hereby declare that I will be a GUARANTOR to _____ for the financing amount of RM _____ and you are at liberty to check with my employer or my bank representative for any information on my financial position and creditworthines.
2. I have read the Bank's Personal Data Protection Notice ("Notice") before completing this form. By furnishing my personal data and signing this form, I hereby give my consent and agree to the terms of the Notice and to the terms of this form.
3. The information given in financing application form (guarantor) and other documents are true and I do not conceal any information which may affect the applicant's
4. I have not committed any act of bankruptcy as defined under Section 3 of the Bankruptcy Act 1967.
5. I hereby authorize the Bank to contact my employer or any party to obtain any information required by the Bank.
6. I hereby give my consent for BMMB to proceed with the credit checking with any credit reference agencies. Pursuant to that, I hereby authorize the Bank to give, furnish, divulge or otherwise disclose, to the said credit reference agencies of any information, statements or facts with respect to the matters relating to my facility(ies) or account(s)

Signature of Guarantor

Date: