Bank Mu	بنك معاملات Jamalat	APPLICATION FORM FOR CONSUMER FINANCING		
personal data and signing this form, you		Product Disclosure Sheet (PDS) before completing this form. By giving us your nd agree to the terms of our Notice, to the PDS and to terms of this form. Our om any of our outlets.		
Dengan mengemukakan data peribad	di anda dan menandatangani borang i na Notis kami, RPP dan terma-terma c	Risalah Pendedahan Produk (RPP) sebelum melengkapkan borang ini. ini, anda memaklumkan kepada kami bahawa anda memberi kebenaran di dalam borang ini. Notis kami dan RPP boleh diperolehi dari laman web		
The Manager Bank Muamalat Malaysia Berhad		BRANCH : DATE :		
	ncing facility and furnish below particular	rs for your consideration :-		
TYPE OF APPLICATION: Single Applie TYPE OF FACILITY: House Finar Land Financ Educational	ncing House Re-Financing ing Aitab Vehicle Financing	Shophouse/ShopLot Financing Shophouse/ ShopLot Re-Financing Aitab Non-Vehicle Financing Personal Financing Bank Guarantee Others:		
CAMPAIGN/ PACKAGE:	AMOUNT REQ			
A. PERSONAL DETAILS (MAIN APPL	ICANT)			
TITLE: FULL NAME:		(as per identification card)		
IDENTIFICATION TYPE: New Identity IDENTIFICATION NO: i. New Identity Car ii. Old Identity Car	Card Old Identity Card	Army IC Police IC Passport		
Passport <u>CURRENT ADDRESS</u> ADDRESS		DATE OF BIRTH: AGE: years CITIZENSHIP: Citizen Non-Citizen Permanent Resident BUMIPUTRA STATUS: Yes No		
POSTCODE TOWN	COUNTRY Employer's Quarters Relatives Re	GENDER:MaleFemale RACE :MalayChineseIndianOthers: inted RELIGION :IslamChristianHindu BuddhaOthers:		
TEL NO. (H)	FAX NO.	HIGHEST EDUCATION Primary Secondary Tertiary Master Doctorate Professional MARITAL STATUS: Single Married Widowed Divorced NO. OF DEPENDENTS: <a 1="" address:="" address<="" applicant="" be="" business:="" employer's="" filled="" has="" href="https://www.statu.com/sta</td></tr><tr><td>ADDRESS</td><td></td><td></td></tr><tr><td>POSTCODE TOWN STATE</td><td>COUNTRY</td><td>RELATED TO BMMB STAFF: Yes No</td></tr><tr><td>TEL NO.</td><td>PREFERRED MAILING ADDR</td><td></td></tr><tr><td>B. EMPLOYMENT DETAILS</td><td></td><td></td></tr><tr><td>Financial Institution Public Ltd. (I</td><td>te/MNC Listed Company at Bursa Mala
Bhd) Private Ltd. (Sdn Bhd)
torship Others:</td><td>Officer/Executive Director Uniform body Others</td></tr><tr><td>EMPLOYER'S ADDRESS:
ADDRESS</td><td></td><td>DATE JOINED:
YEARS OF SERVICE<u>:</u> years</td></tr><tr><td>POSTCODE </td><td> COUNTRY
 FAX NO<u>. - </u></td><td>EMPLOYMENT STATUS: Permanent Contract Self-employed CONFIRMATION Confirmed Under probation N/A OF EMPLOYMENT: </td></tr><tr><td>PREVIOUS EMPLOYMENT (if any) " if="" less="" name:="" nature="" of="" td="" than="" the="" to="" ye=""><td>ar of working experience with the present e</td><td>OCCUPATION: POSITION: Clerical/ Gen. Admin Managerial Professional Self-employed</td>	ar of working experience with the present e	OCCUPATION: POSITION: Clerical/ Gen. Admin Managerial Professional Self-employed
POSTCODE TOWN STATE TEL NO. (0)	COUNTRY FAX NO	Officer/Executive Director Uniform body Others YEARS OF SERVICE: 		
		017 00/y 2014 V1.0		

C. SPOUSE DETAILS	
TITLE: FULL NAME:	(as per identification card)
IDENTIFICATION NO: i. New Identity Card	OCCUPATION:
ii. Old Identity Card/ Army IC/ Police IC/	
Passport	EMPLOYER'S NAME:
HOMETOWN ADDRESS:	EMPLOYER'S ADDRESS:
ADDRESS	ADDRESS
POSTCODE TOWN	
STATE COUNTRY TEL NO. (H) - <td>STATE COUNTRY TEL NO. (0)</td>	STATE COUNTRY TEL NO. (0)
	(only if applicable)
D. REFERENCE (Parents or close relatives who are not staying with the a	pplicant)
1. TITLE: FULL NAME:	(as per identification card)
RELATIONSHIP TO APPLICANT:	
HOMETOWN ADDRESS:	TEL NO. (0)
	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 STATE COUNTRY	
E. MONTHLY INCOME AND EXPENDITURE	
MONTHLY INCOME: MO	NTHLY EXPENDITURE:
	EPF RM IIIIII
	SOCSO RM
	OTHER EXPENDITURE/ FINANCIAL COMMITMENT:
2) RM 3) RM	1) HOUSE RM - - 2) VEHICLE RM - - -
3) 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 INSTITU	UTIONS
FINANCING FACILTY :	
	OVED LIMIT (RM) O/S BALANCE (RM) MONTHLY INSTALMENT (RM
TTELOFTACILITI DAINKO NAIVIL & BRANCTI AFERO	OVED LIWIT (KW) O/S BALANCE (KW) NONTHET INSTALIVIENT (KW
G. EXISTING BANKING RELATIONSHIP WITH BMMB (FOR BANK'S USE)	
FINANCING FACILTY :	
TYPE OF FACILITY APPROVED LIMIT (RM)	O/S BALANCE (RM) MONTHLY INSTALMENT (RM)

JOINT APPLICATION				
A. PERSONAL DETAILS (CO-APPLICANT)				
TITLE: FULL NAME:	(as per identification card)			
IDENTIFICATION TYPE: New Identity Card Old Identity Card Army IC	C Police IC Passport			
IDENTIFICATION NO: i. New Identity Card				
ii. Old Identity Card/ Army IC/ Police IC/	RELATIONSHIP TO MAIN APPLICANT:			
Passport CURRENT ADDRESS:				
ADDRESS	CITIZENSHIP: Citizen Non-Citizen Permanent Resident			
	BUMIPUTRA STATUS: Yes No			
POSTCODE DE TOWN COUNTRY	GENDER: Male Female RACE: Malay Chinese Indian Others:			
RESIDENTIAL STATUS: Owned Employer's Quarters Relatives Rented	RELIGION : Islam Christian Hindu			
STAY DURATION:years				
TEL NO. (H) -	HIGHEST EDUCATION : Primary Secondary Tertiary Master Doctorate Professional			
	MARITAL STATUS: Single Married Widowed Divorced			
HOMETOWN ADDRESS: ADDRESS	NO. OF DEPENDENTS: <a> < 12 years old <a> <a><			
	MOTHER'S MAIDEN NAME:			
POSTCODE TOWN STATE COUNTRY	RELATED TO BMMB STAFF: Yes No			
	If yes, please specify: Staff Name/ ID No.:			
TEL NO. PREFERRED MAILING ADDRESS: FAX NO. Current Hometown	Relationship: Dept./ Branch:			
B. EMPLOYMENT DETAILS				
CURRENT EMPLOYMENT EMPLOYER'S NAME:				
NATURE OF BUSINESS:	OCCUPATION:			
TYPE OF EMPLOYMENT COMPANY:	POSITION:			
Government Agency Conglomerate/MNC Listed Company at Bursa Malaysia Financial Institution Public Ltd. (Bhd) Private Ltd. (Sdn Bhd)	Clerical/ Gen. Admin Managerial Professional Self-employed Officer/Executive Director Uniform body Others			
Partnership Sole-Proprietorship Others:				
EMPLOYER'S ADDRESS:	DATE JOINED:			
ADDRESS	·			
	EMPLOYMENT STATUS: Permanent Contract Self-employed			
POSTCODE TOWN STATE COUNTRY	CONFIRMATION Confirmed Under probation N/A OF EMPLOYMENT:			
TEL NO. (0)	RETIREMENT AGE: years			
EMAIL :				
PREVIOUS EMPLOYMENT (if any)				
*To be filled if the applicant has less than 1 year of working experience with the present employer. EMPLOYER'S NAME:				
NATURE OF BUSINESS:	OCCUPATION:			
EMPLOYER'S ADDRESS: ADDRESS	POSITION: Clerical/ Gen. Admin Managerial Professional Self-employed			
ADDRESS	Officer/Executive Director Uniform body Others			
POSTCODE TOWN STATE COUNTRY				
STATE COUNTRY TEL NO. (0) -	YEARS OF SERVICE:			
C. SPOUSE DETAILS				
TITLE: FULL NAME:	(as per identification card)			
	(as per identification card)			
ii. Old Identity Card/ Army IC/ Police IC/				
	MPLOYER'S ADDRESS: IDDRESS			
	TATE COUNTRY			
	IUN I FILT INCUME.			

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:	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:	
POSTCODE TOWN	
STATE COUNTRY	_
E. MONTHLY INCOME AND EXPENDITURE	
MONTHLY INCOME:	MONTHLY EXPENDITURE:
BASIC SALARY/ INCOME RM	EPF RM IIIII
FIXED ALLOWANCE:	SOCSO RM
1) RM	OTHER EXPENDITURE/ FINANCIAL COMMITMENT:
2) RM [1) HOUSE RM
3) RM	2) VEHICLE RM
	3) CREDIT CARD RM 4) PERSONAL / OD RM
1) RM	4) PERSONAL / OD RM 5) OTHERS: RM
3) RM	6) OTHERS:
TOTAL GROSS INCOME RM	TOTAL FINANCIAL COMMITMENT RM
F. EXISTING BANKING RELATIONSHIP WITH OTHER FINANCIAL INSTI	TUTIONS
FINANCING FACILTY :	
TYPE OF FACILITY BANK'S NAME & BRANCH APP	PROVED LIMIT (RM) O/S BALANCE (RM) ONTHLY INSTALMENT (RM
· ·	
· ·	
G. EXISTING BANKING RELATIONSHIP WITH BMMB (FOR BANK'S USE)	
DEPOSIT: ACCOUNT NO. SAVINGS ACCOUNT 1.	
SAVINGS ACCOUNT 1 CURRENT ACCOUNT 1.	
GENERAL INVESTMENT ACCOUNT 1.	2.
TYPE OF FACILITY APPROVED LIMIT (RM)	O/S BALANCE (RM) MONTHLY INSTALMENT (RM)
·	
	CFF July 2014 v1.0

Ba	ہ معاملات ank Muamala	بند at	APPLICATION FOR CONSUMER FINA	
your personal data and sig		ng to us that you consent	and agree to the terms of our Not	re completing this form. By giving us ice, to the PDS and to terms of this
mengemukakan data peril	badi anda dan menandatangan	i borang ini, anda memakl	umkan kepada kami bahawa and	ım melengkapkan borang ini. Dengan a memberi kebenaran dan diperolehi dari laman web kami di
The Manager Bank Muamalat Mal				BRANCH : DATE :
	or the following financing facility	and furnish below particu	lars for your consideration :-	
TYPE OF APPLICATION:	Single Application	Joint Application		
TYPE OF FACILITY:	House Financing Land Financing Educational Financing	House Re-Financing Aitab Vehicle Financing Mcash	Shophouse/ShopLot Financing Aitab Non-Vehicle Financing Bank Guarantee	Shophouse/ ShopLot Re-Financing Personal Financing Others:
CAMPAIGN/ PACKAGE:				TENURE :years
COMPANY/ PARTNERS	SHIP/ SOLE PROPRIETORS	HIP		
COMPANY'S NAME: (as per registration certificate)		REGISTRA	
TYPE OF COMPANY			AUTHORISED CAPITAL: RM	
Government Agency		d Company at Bursa Malaysi ite Ltd. (Sdn Bhd)	a PAID-UP CAPITAL: RM	<u> </u>
Partnership		rs:	DATE OF INCORPORATION:	
BUMIPUTRA STATUS:	Yes No		YEARS IN BUSINESS OPERA	TION: years
RELATED TO BMMB STAFF	: Yes No aff Name/ ID No.:		NATURE OF BUSINESS:	
Re	lationship:		PREFERRED MAILING ADDR	ESS:
	pt./ Branch:		Business Regis	tered
BUSINESS ADDRESS: ADDRESS			REGISTERED ADDRESS: ADDRESS	
POSTCODE	TOWN			
TEL NO. (0) -			TEL NO. (O)	
FAX NO.	EMAIL		FAX NO.	
DIRECTORS/ PARTNE	RS INFORMATION			
	NAME		NRIC NO.	SHAREHOLDINGS RM %
1				
3				
4				
MONTHLY INCOME A				
MONTHLY BUSINESS TURN			MONTHLY BUSINESS EXPENDITU	
PROFIT FOR THE PREVIOU YEAR:	RM RM		COMPANY'S NETWORTH:	RM
YEAR:				
EXISTING BANKING	RELATIONSHIP WITH OTH	ER FINANCIAL INSTITU	ITIONS	
FINANCING FACILTY :				
TYPE OF FACILITY	BANK'S NAME &	BRANCH APPR	OVED LIMIT (RM) O/S BALA	NCE (RM) ONTHLY INSTALMENT (RI
EXISTING BANKING RI	ELATIONSHIP WITH BMMB	(FOR BANK'S USE)		
		ACCOUNT NO.		DUNT NO.
DEPOSIT: SAVINGS ACCOUNT	1.			
DEPOSIT: SAVINGS ACCOUNT CURRENT ACCOUNT	1 1		2.	
DEPOSIT: SAVINGS ACCOUNT CURRENT ACCOUNT GENERAL INVESTMENT	1 1			
DEPOSIT: SAVINGS ACCOUNT CURRENT ACCOUNT GENERAL INVESTMENT	1 1 ACCOUNT 1		2 2	
DEPOSIT: SAVINGS ACCOUNT CURRENT ACCOUNT GENERAL INVESTMENT FINANCING FACILTY :	1 1 ACCOUNT 1		2 2	
DEPOSIT: SAVINGS ACCOUNT CURRENT ACCOUNT GENERAL INVESTMENT FINANCING FACILTY :	1 1 ACCOUNT 1		2 2	

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<u>SECURITY</u>					
OTHERS (for personal financing/ other financing, if applicable)					
	FOR BANK'S USE				
Clean Security Deposit GIA Stock/Shares Unit Trust Others:	FINANCING TERMS				
	FINANCING REQUIRED: RMTENURE:				
Account No./ Referrence No./ Name/ Remark Certificate No./ Receipt No.: (if applicable) Security Value (RM):	PERSONAL FINANCING TYPE: PROFIT RATE: %				
Certificate No./ Receipt No.: (if applicable)	Micro Cash Others: TYPE OF REPAYMENT:				
	If Micro, source of repayment from: Salary deduction at source FREQUENCY OF PAYMENT: PPI/ SI from BMMB				
2 (%)	Monthly Yearly PPI/ SI from other Bank				
3 (%)	Quarterly Bullet payment Post-dated cheque				
4 (%)	Half-yearly Others:				
PROPERTY (for house financing/ other financing, if applicable)					
	FOR BANK'S USE DEVELOPER'S STATUS: Premier Tier 1 Tier 2 Tier 3				
Purchase From Vendor Re-financing	DEVELOPER'S STATUS Premier Tier 1 Tier 2 Tier 3				
DEVELOPER'S NAME (if any):					
VENDOR'S NAME (if any) :	LAND USE : Argicultural Commercial Industrial				
CHARGEE BANK (if any) :	Residential Mixed Mining				
PROPERTY TYPE : Residential Commercial	TITLE TRANSFER Malay Reserve Burni Lot Native Land				
Industrial Vacant Land	RESTRICTION : State Consent Not Applicable				
PROPERTY SUB TYPE : Semi-Detached Terrace/ Link Bungalow	LOCATION STATUS : High Growth Medium Growth Low Growth				
Townhouse Cluster Apartment	LAND STATUS : Freehold Leasehold				
Condominium Shophouse Shop / Office Lot	Leasehold Period:				
Commercial Complex Factory Vacant Land BUILDING TYPE : Single Storey 1 1/2 Storey Double Storey	BUILT UP AREA: Leasehold Expiry Date:				
2 1/2 Storey Triple Storey Others:	SPA/ PRO-FORMA INVOICE/ AUCTION PRICE: RM				
CONSTRUCTION STATUS Completed (If Completed, CF available? YES / NO)	DATE SPA/ PRO-FORMA INVOICE/ AUCTION:				
Under Construction (Stage of Completion%)	VALUATION REPORT: Full Valuation Indicative Valuation				
USE OF PROPERTY: Owner Occupied Investment For Company Use	VALUER'S NAME:				
TITLE PARTICULARS : (for director/worker etc.)	VALUATION DATE:VALUATION PRICE RM				
TITLE STAGE : Individual Title Master Title Strata Title	FINANCING TERMS				
TITLE NO./ UNIT NO. : LOT NO. / PLOT NO. :	FINANCING REQUIRED:RMMOF:TENURE:				
MUKIM : TOWN / DISTRICT : STATE :	SUB-PRODUCT TYPE DURATION PROFIT RATE				
	TYPE OF REPAYMENT:				
PROPERTY ADDRESS:	1. Salary deduction at source				
ADDRESS	RM PPI/ SI from BMMB				
	PPI/ SI from other Bank				
POSTCODE TOWN	2. Post-dated cheque RM Payment over counter/CDM				
VEHICLE/ MACHINERY (for vehicle financing/ other financing, if application					
PURCHASE TYPE: Purchase From Dealer Purchase From Vendor	FOR BANK'S USE				
Auction	DEALER STATUS : PRO-FORMA INVOICE/ Panel Non-Panel AUCTION PRICE: RM				
DEALER'S NAME (if any) :	Direct walk-in DATE PRO-FORMA				
SALESMAN'S NAME: CONTACT NO:	VALUATION: INVOICE/ AUCTION:				
VENDOR'S NAME (if any) :	VALUER RM DATE				
· · · · ·	1. BMMB VALUATION GUIDE				
CHARGEE BANK (if any) :	2. 3.				
VEHICLE/ MACHINERY TYPE: New Unregistered Recond Used Registered Recond	FINANCING TERMS CASH PRICE RM DEPOSIT RM				
MAKE:	CASH PRICE <u>RM</u> DEPOSIT RM FINANCING REQUIRED RM MOF %				
MORE:	PROFIT RATE (FLAT) % DURATION YEARS				
ENGINE/ SERIAL NO.:	EFFECTIVE YIELD (IRR) % TYPE OF REPAYMENT:				
CHASIS NO.:	PROFIT AMOUNT RM Salary deduction at source				
YEAR MADE: COLOUR	TOTAL PAYABLE RM PPI/ SI from BMMB				
REGISTRATION NO.: REGISTRATION DATE:	MONTHLY RENTAL: RM PPI/ SI from other Bank				
HP AGREEMENT (Ref. No.):	FINAL INSTALLMENT/ Post-dated cheque				
	SELLING PRICE: <u>RM</u> Payment over counter/CDM				
USE OF VEHICLE/MACHINERY: Personal Commercial	DEALER'S HANDLING F <u>RM</u> EWP RM				
	CFF July 2014 v1.0				

APPLICANT'S DECLAR	ATION				
		normante are true and IMIs do not conceal any information that may			
affect my/our application.	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.				
	I/We have read the Bank's Personal Data Protection Notice ("Notice") and Product Disclosure Sheet (PDS) 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, to the PDS and to the terms of this form.				
3. I/We have not committed any a	act of bankruptcy as defined under Section 3 of th	e Bankcruptcy Act 1967.			
4. I/We hereby authorize the Bank	to contact my/our employer or any party to obtain	in any information required by the Bank.			
authorize the Bankto give, furni	. I/We hereby give my/our consent for BMMB to proceed with the credit checking with any credit referrence agencies. Pursuant to that, I/We hereby authorize the Bankto give, furnish, divulge or otherwise disclose, to the said credit referrence agencies of any information, statements or facts with respect to the matters relating to my/our facility(ies) or account(s) with the Bank.				
	5. 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:					
1					

<u>GUARANTOR</u>		
A. PERSONAL DETAILS		
TITLE: FULL NAME:		(as per identification card)
IDENTIFICATION TYPE: New Identity Card	Id Identity Card Army IC	Police IC Passport
IDENTIFICATION NO: i. New Identity Card		
ii. Old Identity Card/ Army IC/ Police	IC/	RELATIONSHIP TO MAIN APPLICANT:
Passport CURRENT ADDRESS:		
ADDRESS		CITIZENSHIP: Citizen Non-Citizen Permanent Resident
		BUMIPUTRA STATUS: Yes No
POSTCODE TOWN COUNTRY	,	GENDER: Male Female RACE: Malay Chinese Indian Others:
RESIDENTIAL STATUS: Owned Employer's Quar		RELIGION : Islam Christian Hindu
STAY DURATION: years TEL NO. (H) - <		Buddha Others: HIGHEST EDUCATION : Primary Secondary Tertiary
TEL NO. (H/P)		Master Doctorate Professional MARITAL STATUS: Single Married Widowed/Divorcer
HOMETOWN ADDRESS:		NO. OF DEPENDENTS: < 12 years old 12 - 18 years old
ADDRESS		> 18 years old MOTHER'S MAIDEN NAME:
POSTCODE TOWN		
STATE COUNTRY	·	RELATED TO BMMB STAFF: Yes No If yes, please specify: Staff Name/ ID No.:
	RRED MAILING ADDRESS:	Relationship:
FAX NO.	urrent Hometown	Dept./ Branch:
B. EMPLOYMENT DETAILS		
EMPLOYER'S NAME:		OCCUPATION:
TYPE OF EMPLOYMENT COMPANY:		POSITION:
		Clerical/ Gen. Admin Managerial Professional Self-employed
Public Ltd. (Bhd) Private Ltd. (Sdn Bhd) Sole-Proprietorship Self-employed	Partnership Others:	Officer/ Executive Director Uniform body Others:
		DATE JOINED:
EMPLOYER'S ADDRESS: ADDRESS		YEARS OF SERVICE:years
		EMPLOYMENT STATUS: Permanent Contract Self-employed
POSTCODE TOWN COUNTRY	,	CONFIRMATION Confirmed Under probation N/A OF EMPLOYMENT:
		RETIREMENT AGE: years
EMAIL :		
PREVIOUS EMPLOYMENT (if any) *To be filled if the applicant has less than 1 year of working expe	rience with the present employer.	
EMPLOYER'S NAME:		
NATURE OF BUSINESS:		OCCUPATION:
EMPLOYER'S ADDRESS: ADDRESS		POSITION: Clerical/ Gen. Admin Managerial Professional Self-employed
		Officer/ Executive Director Uniform body Others:
POSTCODE TOWN COUNTRY	,	YEARS OF SERVICE:
TEL NO. (O) FAX NO.		
C. MONTHLY INCOME AND EXPENDITURE		
MONTHLY INCOME:	MONTH	LY EXPENDITURE:
BASIC SALARY/ INCOME RM	EPF	
FIXED ALLOWANCE: 1)	SOCS	SO RM ER EXPENDITURE/ FINANCIAL COMMITMENT:
2) RM		HOUSE RM
3) RM		VEHICLE RM
OTHER INCOME: 1) RM		CREDIT CARD RM I <t< td=""></t<>
2) RM	5)	OTHERS: RM
3) RM	6)	OTHERS: RM
TOTAL GROSS INCOME RM	ТОТА	AL FINANCIAL COMMITMENT RM
		CFF July 2014 v1.

D.	D. EXISTING BANKING RELATIONSHIP WITH OTHER FINANCIAL INSTITUTIONS					
	FINANCING FACILTY :					
	TYPE OF FACILITY	BANK'S NAME	APPROVED LIMIT (RM)	O/S BALANCE (RM)	IONTHLY INSTALMENT (RM	
E.	. EXISTING BANKING RELATIONS	HIP WITH BMMB (FOR BANK'	S USE)			
	DEPOSIT:	ACCOUNT NO		ACCOUNT NO.		
	SAVINGS ACCOUNT CURRENT ACCOUNT	1				
	GENERAL INVESTMENT ACCOUNT	1.				
	FINANCING FACILTY :					
	TYPE OF FACILITY	APPROVED LIMIT	(RM) O/S BA	LANCE (RM)	MONTHLY INSTALMENT (RM)	
F.	. GUARANTOR'S DECLARATION					
1.	I hereby declare that I will be a GUAR and you are at liberty to check with my					
2.	 I have read the Bank's Personal Data Protection Notice ("Notice") and the Product Disclosure Sheet (PDS) 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, to the PDS and to the terms of this form. 					
3.	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					
4.	4. I have not committed any act of bankruptcy as defined under Section 3 of the Bankcruptcy Act 1967.					
5.	5. I hereby authorize the Bank to contact my employer or any party to obtain any information required by the Bank.					
6.	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					
1	Signature of Guarantor					
	Date:					
I					CFF July 2014 v1.0	