Bank Muamalat

APPLICATION FORM FOR CONSUMER FINANCING

IMPORTANT: Please read our Personal Data Protection Notice ("Notice") and Product Disclosure Sheet (PDS) 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, to the PDS and to terms of this form. Our Notice and PDS are available on our website at www.muamalat.com.my and from any of our outlets.

PENTING : Sila baca Notis Perlindungan Data Peribadi kami ("Notis") dan Risalah Pendedahan Produk (RPP) 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, RPP dan terma-terma di dalam borang ini. Notis kami dan RPP 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: ☐ Single Application ☐ Joint Application

TYPE OF FACILITY: ☐ House Financing ☐ House Re-Financing ☐ Shophouse/ShopLot Financing ☐ Shophouse/ ShopLot Re-Financing
☐ Land Financing ☐ Vehicle Financing ☐ Non-Vehicle Financing ☐ Personal Financing
☐ Educational Financing ☐ MCash ☐ Bank Guarantee ☐ Others: _____

CAMPAIGN/ PACKAGE: _____ AMOUNT REQUESTED: RM _____ TENURE : _____ years

A. PERSONAL DETAILS (MAIN APPLICANT)

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

IDENTIFICATION TYPE: ☐ New Identity Card ☐ Old Identity Card ☐ Army IC ☐ Police IC ☐ Passport

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

CURRENT ADDRESS:
ADDRESS _____
_____
POSTCODE ☐☐☐☐☐ TOWN _____
STATE _____ COUNTRY _____
RESIDENTIAL STATUS: ☐ Owned ☐ Employer's Quarters ☐ Relatives ☐ Rented
STAY DURATION: _____ years
TEL NO. (H) ☐☐-☐☐☐☐☐☐☐☐ FAX NO. ☐☐-☐☐☐☐☐☐☐☐
TEL NO. (H/P) ☐☐☐-☐☐☐☐☐☐☐ EMAIL _____

HOMETOWN ADDRESS:
ADDRESS _____
_____
POSTCODE ☐☐☐☐☐ TOWN _____
STATE _____ COUNTRY _____
TEL NO. ☐☐-☐☐☐☐☐☐☐☐
FAX NO. ☐☐-☐☐☐☐☐☐☐☐
PREFERRED MAILING ADDRESS: ☐ Current ☐ Hometown

DATE OF BIRTH: ☐☐-☐☐-☐☐☐☐ AGE: ☐☐ years
CITIZENSHIP: ☐ Citizen ☐ Non-Citizen ☐ Permanent Resident
BUMIPUTRA STATUS: ☐ Yes ☐ No
GENDER: ☐ Male ☐ Female
RACE : ☐ Malay ☐ Chinese ☐ Indian ☐ Others:.....
RELIGION : ☐ Islam ☐ Christian ☐ Hindu
☐ Buddha ☐ Others:.....
HIGHEST EDUCATION : ☐ Primary ☐ Secondary ☐ Tertiary
☐ Master ☐ Doctorate ☐ Professional
MARITAL STATUS: ☐ Single ☐ Married ☐ Widowed ☐ Divorced
NO. OF DEPENDENTS: ☐☐ < 12 years old ☐☐ 12 - 18 years old
☐☐ > 18 years old
MOTHER'S MAIDEN NAME: _____

RELATED TO BMMB STAFF: ☐ Yes ☐ No
If yes, please specify: Staff Name/ ID No.: _____
Relationship: _____
Dept./ Branch: _____

B. EMPLOYMENT DETAILS

CURRENT EMPLOYMENT

EMPLOYER'S NAME: _____
NATURE OF BUSINESS: _____
TYPE OF EMPLOYMENT COMPANY:
☐ Government Agency ☐ Conglomerate/MNC ☐ Listed Company at Bursa Malaysia
☐ Financial Institution ☐ Public Ltd. (Bhd) ☐ Private Ltd. (Sdn Bhd)
☐ Partnership ☐ Sole-Proprietorship ☐ Others: .....

EMPLOYER'S ADDRESS:
ADDRESS _____
_____
POSTCODE ☐☐☐☐☐ TOWN _____
STATE _____ COUNTRY _____
TEL NO. (O) ☐☐-☐☐☐☐☐☐☐☐ FAX NO. ☐☐-☐☐☐☐☐☐☐☐
EMAIL : _____

OCCUPATION: _____
POSITION:
☐ Clerical/ Gen. Admin ☐ Managerial ☐ Professional ☐ Self-employed
☐ Officer/Executive ☐ Director ☐ Uniform body ☐ Others

DATE JOINED: ☐☐-☐☐-☐☐☐☐
YEARS OF SERVICE: _____ years

EMPLOYMENT STATUS: ☐ Permanent ☐ Contract ☐ Self-employed
CONFIRMATION OF EMPLOYMENT: ☐ Confirmed ☐ Under probation ☐ N/A
RETIREMENT AGE: _____ years
RETIREMENT DATE: _____ (only if applicable)

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: _____
EMPLOYER'S ADDRESS:
ADDRESS _____
_____
POSTCODE ☐☐☐☐☐ TOWN _____
STATE _____ COUNTRY _____
TEL NO. (O) ☐☐-☐☐☐☐☐☐☐☐ FAX NO. ☐☐-☐☐☐☐☐☐☐☐

OCCUPATION: _____
POSITION:
☐ Clerical/ Gen. Admin ☐ Managerial ☐ Professional ☐ Self-employed
☐ Officer/Executive ☐ Director ☐ Uniform body ☐ Others

YEARS OF SERVICE: _____

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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 _____

POSTCODE ___ TOWN _____

STATE _____ COUNTRY _____

TEL NO. (H) ___ - ___

TEL NO. (H/P) ___ - ___

EMPLOYER'S ADDRESS:

ADDRESS _____

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:

BASIC SALARY/ INCOME	RM	___ - ___
FIXED ALLOWANCE:		
1) _____	RM	___ - ___
2) _____	RM	___ - ___
3) _____	RM	___ - ___
OTHER INCOME:		
1) _____	RM	___ - ___
2) _____	RM	___ - ___
3) _____	RM	___ - ___
TOTAL GROSS INCOME	RM	___ - ___

MONTHLY EXPENDITURE:

EPF	RM	___ - ___
SOCSO	RM	___ - ___
OTHER EXPENDITURE/ FINANCIAL COMMITMENT:		
1) HOUSE	RM	___ - ___
2) VEHICLE	RM	___ - ___
3) CREDIT CARD	RM	___ - ___
4) PERSONAL / OD	RM	___ - ___
5) OTHERS:.....	RM	___ - ___
6) OTHERS:.....	RM	___ - ___
TOTAL FINANCIAL COMMITMENT	RM	___ - ___

F. EXISTING BANKING RELATIONSHIP WITH OTHER FINANCIAL INSTITUTIONS

FINANCING FACILTY :

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 FACILTY :

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

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JOINT APPLICATION

A. PERSONAL DETAILS (CO-APPLICANT)

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

IDENTIFICATION TYPE: ☐ New Identity Card ☐ Old Identity Card ☐ Army IC ☐ Police IC ☐ Passport

IDENTIFICATION NO: i. New Identity Card ☐☐☐☐☐☐-☐☐-☐☐☐☐

ii. Old Identity Card/ Army IC/ Police IC/ Passport ☐☐☐☐☐☐☐☐☐☐

CURRENT ADDRESS:

ADDRESS _____

POSTCODE ☐☐☐☐☐ TOWN _____

STATE _____ COUNTRY _____

RESIDENTIAL STATUS: ☐ Owned ☐ Employer's Quarters ☐ Relatives ☐ Rented

STAY DURATION: _____ years

TEL NO. (H) ☐☐-☐☐☐☐☐☐☐☐ FAX NO. ☐☐-☐☐☐☐☐☐☐☐

TEL NO. (H/P) ☐☐-☐☐☐☐☐☐☐☐ EMAIL _____

HOMETOWN ADDRESS:

ADDRESS _____

POSTCODE ☐☐☐☐☐ TOWN _____

STATE _____ COUNTRY _____

TEL NO. ☐☐-☐☐☐☐☐☐☐☐

FAX NO. ☐☐-☐☐☐☐☐☐☐☐

PREFERRED MAILING ADDRESS: ☐ Current ☐ Hometown

RELATIONSHIP TO MAIN APPLICANT: _____

DATE OF BIRTH: ☐☐-☐☐-☐☐☐☐ AGE: ☐☐ years

CITIZENSHIP: ☐ Citizen ☐ Non-Citizen ☐ Permanent Resident

BUMIPUTRA STATUS: ☐ Yes ☐ No

GENDER: ☐ Male ☐ Female

RACE : ☐ Malay ☐ Chinese ☐ Indian ☐ Others:……..

RELIGION : ☐ Islam ☐ Christian ☐ Hindu ☐ Buddha ☐ Others:……..

HIGHEST EDUCATION : ☐ Primary ☐ Secondary ☐ Tertiary ☐ Master ☐ Doctorate ☐ Professional

MARITAL STATUS: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

NO. OF DEPENDENTS: ☐☐ < 12 years old ☐☐ 12 - 18 years old ☐☐ > 18 years old

MOTHER'S MAIDEN NAME: _____

RELATED TO BMMB STAFF: ☐ Yes ☐ No

If yes, please specify: Staff Name/ ID No.: _____

Relationship: _____

Dept./ Branch: _____

B. EMPLOYMENT DETAILS

CURRENT EMPLOYMENT

EMPLOYER'S NAME: _____

NATURE OF BUSINESS: _____

TYPE OF EMPLOYMENT COMPANY:

☐ Government Agency ☐ Conglomerate/MNC ☐ Listed Company at Bursa Malaysia
☐ Financial Institution ☐ Public Ltd. (Bhd) ☐ Private Ltd. (Sdn Bhd)
☐ Partnership ☐ Sole-Proprietorship ☐ Others: ……

EMPLOYER'S ADDRESS:

ADDRESS _____

POSTCODE ☐☐☐☐☐ TOWN _____

STATE _____ COUNTRY _____

TEL NO. (O) ☐☐-☐☐☐☐☐☐☐☐ FAX NO. ☐☐-☐☐☐☐☐☐☐☐

EMAIL : _____

OCCUPATION: _____

POSITION:

☐ Clerical/ Gen. Admin ☐ Managerial ☐ Professional ☐ Self-employed
☐ Officer/Executive ☐ Director ☐ Uniform body ☐ Others

DATE JOINED: ☐☐-☐☐-☐☐☐☐

YEARS OF SERVICE: _____ years

EMPLOYMENT STATUS: ☐ Permanent ☐ Contract ☐ Self-employed

CONFIRMATION OF EMPLOYMENT: ☐ Confirmed ☐ Under probation ☐ N/A

RETIREMENT AGE: _____ years

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: _____

EMPLOYER'S ADDRESS:

ADDRESS _____

POSTCODE ☐☐☐☐☐ TOWN _____

STATE _____ COUNTRY _____

TEL NO. (O) ☐☐-☐☐☐☐☐☐☐☐ FAX NO. ☐☐-☐☐☐☐☐☐☐☐

OCCUPATION: _____

POSITION:

☐ Clerical/ Gen. Admin ☐ Managerial ☐ Professional ☐ Self-employed
☐ Officer/Executive ☐ Director ☐ Uniform body ☐ Others

YEARS OF SERVICE: _____

C. SPOUSE DETAILS

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

IDENTIFICATION NO: i. New Identity Card ☐☐☐☐☐☐-☐☐-☐☐☐☐

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HOMETOWN ADDRESS:

ADDRESS _____

POSTCODE ☐☐☐☐☐ TOWN _____

STATE _____ COUNTRY _____

TEL NO. (H) ☐☐-☐☐☐☐☐☐☐☐

TEL NO. (H/P) ☐☐-☐☐☐☐☐☐☐☐

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS:

ADDRESS _____

POSTCODE ☐☐☐☐☐ TOWN _____

STATE _____ COUNTRY _____

TEL NO. (O) ☐☐-☐☐☐☐☐☐☐☐

MONTHLY INCOME: ☐☐☐☐☐☐☐☐☐☐☐☐

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:

BASIC SALARY/ INCOME RM -
FIXED ALLOWANCE:
1) _____ RM -
2) _____ RM -
3) _____ RM -
OTHER INCOME:
1) _____ RM -
2) _____ RM -
3) _____ RM -

TOTAL GROSS INCOME RM -

MONTHLY EXPENDITURE:

EPF RM -
SOCSO RM -
OTHER EXPENDITURE/ FINANCIAL COMMITMENT:
1) HOUSE RM -
2) VEHICLE RM -
3) CREDIT CARD RM -
4) PERSONAL / OD RM -
5) OTHERS:..... RM -
6) OTHERS:..... RM -

TOTAL FINANCIAL COMMITMENT RM -

F. EXISTING BANKING RELATIONSHIP WITH OTHER FINANCIAL INSTITUTIONS

FINANCING FACILTY :

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.
GIA/FTA	1.	2.

FINANCING FACILTY :

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

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Bank Muamalat بنك معاملات

APPLICATION FORM FOR CONSUMER FINANCING

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The Manager
Bank Muamalat Malaysia Berhad

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DATE :

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TYPE OF FACILITY: ☐ House Financing ☐ House Re-Financing ☐ Shophouse/ShopLot Financing ☐ Shophouse/ ShopLot Re-Financing
☐ Land Financing ☐ Vehicle Financing ☐ Non-Vehicle Financing ☐ Personal Financing
☐ Educational Financing ☐ Mcash ☐ Bank Guarantee ☐ Others: _____

CAMPAIGN/ PACKAGE: _____ AMOUNT REQUESTED: RM _____ TENURE : _____ years

A. COMPANY/ PARTNERSHIP/ SOLE PROPRIETORSHIP

COMPANY'S NAME: _____ REGISTRATION NO: _____
(as per registration certificate)

TYPE OF COMPANY:
☐ Government Agency ☐ Conglomerate/MNC ☐ Listed Company at Bursa Malaysia
☐ Financial Institution ☐ Public Ltd. (Bhd) ☐ Private Ltd. (Sdn Bhd)
☐ Partnership ☐ Sole-Proprietorship ☐ Others: .....

AUTHORISED CAPITAL: RM _____
PAID-UP CAPITAL: RM _____
DATE OF INCORPORATION: __ - __ - ____

BUMIPUTRA STATUS: ☐ Yes ☐ No
RELATED TO BMMB STAFF: ☐ Yes ☐ No
If yes, please specify: Staff Name/ ID No.: _____
Relationship: _____
Dept./ Branch: _____

YEARS IN BUSINESS OPERATION: ___ years
NATURE OF BUSINESS: _____

PREFERRED MAILING ADDRESS:
☐ Business ☐ Registered

BUSINESS ADDRESS:
ADDRESS _____
POSTCODE _____ TOWN _____
STATE _____ COUNTRY _____
TEL NO. (O) ___ - _____
FAX NO. ___ - _____ EMAIL _____

REGISTERED ADDRESS:
ADDRESS _____
POSTCODE _____ TOWN _____
STATE _____ COUNTRY _____
TEL NO. (O) ___ - _____
FAX NO. ___ - _____

B. DIRECTORS/ PARTNERS INFORMATION

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

C. MONTHLY INCOME AND EXPENDITURE

MONTHLY BUSINESS TURNOVER: RM _____ - __

MONTHLY BUSINESS EXPENDITURE: RM _____ - __

PROFIT FOR THE PREVIOUS YEARS:
YEAR: _____ RM _____ - __
YEAR: _____ RM _____ - __

COMPANY'S NETWORTH: RM _____ - __

D. EXISTING BANKING RELATIONSHIP WITH OTHER FINANCIAL INSTITUTIONS

FINANCING FACILTY :

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.
GIA/FTA	1.	2.

FINANCING FACILTY :

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

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SECURITY

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

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

Account No./ Referrence 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:.....

If Micro, source of repayment from:.....

FREQUENCY OF PAYMENT:

☐ Monthly ☐ Yearly

☐ Quarterly ☐ Bullet payment

☐ Half-yearly ☐ Others:.....

TYPE OF REPAYMENT:

☐ Salary deduction at source

☐ PPI/ SI from BMMB

☐ PPI/ SI from other Bank

☐ Post-dated cheque

☐ 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) : _____

CHARGEE 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 (for director/worker etc.)

TITLE PARTICULARS :

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 RESTRICTION : ☐ Malay Reserve ☐ Bumi Lot ☐ Native Land ☐ State Consent ☐ Not Applicable

LOCATION STATUS : ☐ High Growth ☐ Medium Growth ☐ Low Growth

LAND STATUS : ☐ Freehold ☐ Leasehold

Leasehold Period: .....years

Leasehold Expiry Date: .....

Remaining Period: .....years

BUILT UP AREA: _____

LAND AREA: _____

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
1. RM		
2. RM		

TYPE OF REPAYMENT:

☐ Salary deduction at source

☐ PPI/ SI from BMMB

☐ PPI/ SI from other Bank

☐ Post-dated cheque

☐ 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) : _____

CHARGEE 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 ☐ Direct walk-in

PRO-FORMA INVOICE/ AUCTION PRICE: RM _____

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) _____ %

PROFIT AMOUNT RM _____

TOTAL PAYABLE RM _____

MONTHLY RENTAL: RM _____

FINAL INSTALLMENT/ SELLING PRICE: RM _____

DEALER'S HANDLING FEE RM _____ EWP RM _____

TYPE OF REPAYMENT:

☐ Salary deduction at source

☐ PPI/ SI from BMMB

☐ PPI/ SI from other Bank

☐ Post-dated cheque

☐ Payment over counter/CDM

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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") 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 act of bankruptcy as defined under Section 3 of the Bankcruptcy 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 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.

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:

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GUARANTOR

A. PERSONAL DETAILS

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

IDENTIFICATION TYPE: ☐ New Identity Card ☐ Old Identity Card ☐ Army IC ☐ Police IC ☐ Passport

IDENTIFICATION NO: i. New Identity Card ☐☐☐☐☐☐-☐☐-☐☐☐☐

ii. Old Identity Card/ Army IC/ Police IC/ Passport ☐☐☐☐☐☐☐☐☐☐

CURRENT ADDRESS:

ADDRESS _____

_____

POSTCODE ☐☐☐☐☐ TOWN _____

STATE _____ COUNTRY _____

RESIDENTIAL STATUS: ☐ Owned ☐ Employer's Quarters ☐ Relatives ☐ Rented

STAY DURATION: _____ years

TEL NO. (H) ☐☐☐-☐☐☐☐☐☐☐☐☐ FAX NO. ☐☐☐-☐☐☐☐☐☐☐☐☐

TEL NO. (H/P) ☐☐☐☐-☐☐☐☐☐☐☐☐ EMAIL _____

HOMETOWN ADDRESS:

ADDRESS _____

_____

POSTCODE ☐☐☐☐☐ TOWN _____

STATE _____ COUNTRY _____

TEL NO. ☐☐☐-☐☐☐☐☐☐☐☐☐

FAX NO. ☐☐☐-☐☐☐☐☐☐☐☐☐

PREFERRED MAILING ADDRESS: ☐ Current ☐ Hometown

RELATIONSHIP TO MAIN APPLICANT: _____

DATE OF BIRTH: ☐☐-☐☐-☐☐☐☐ AGE: ☐☐ years

CITIZENSHIP: ☐ Citizen ☐ Non-Citizen ☐ Permanent Resident

BUMIPUTRA STATUS: ☐ Yes ☐ No

GENDER: ☐ Male ☐ Female

RACE : ☐ Malay ☐ Chinese ☐ Indian ☐ Others:……

RELIGION : ☐ Islam ☐ Christian ☐ Hindu ☐ Buddha ☐ Others:……..

HIGHEST EDUCATION : ☐ Primary ☐ Secondary ☐ Tertiary ☐ Master ☐ Doctorate ☐ Professional

MARITAL STATUS: ☐ Single ☐ Married ☐ Widowed/Divorced

NO. OF DEPENDENTS: ☐☐ < 12 years old ☐☐ 12 - 18 years old ☐☐ > 18 years old

MOTHER'S MAIDEN NAME: _____

RELATED TO BMMB STAFF: ☐ Yes ☐ No

If yes, please specify: Staff Name/ ID No.: _____

Relationship: _____

Dept./ Branch: _____

B. EMPLOYMENT DETAILS

CURRENT EMPLOYMENT

EMPLOYER'S NAME: _____

NATURE OF BUSINESS: _____

TYPE OF EMPLOYMENT COMPANY:

☐ Government & Its Agency ☐ International Co. ☐ Financial Institution
☐ Public Ltd. (Bhd) ☐ Private Ltd. (Sdn Bhd) ☐ Partnership
☐ Sole-Proprietorship ☐ Self-employed ☐ Others: ……

EMPLOYER'S ADDRESS:

ADDRESS _____

_____

POSTCODE ☐☐☐☐☐ TOWN _____

STATE _____ COUNTRY _____

TEL NO. (O) ☐☐☐-☐☐☐☐☐☐☐☐☐ FAX NO. ☐☐☐-☐☐☐☐☐☐☐☐☐

EMAIL : _____

OCCUPATION: _____

POSITION:

☐ Clerical/ Gen. Admin ☐ Managerial ☐ Professional ☐ Self-employed
☐ Officer/ Executive ☐ Director ☐ Uniform body ☐ Others:……..

DATE JOINED: ☐☐-☐☐-☐☐☐☐

YEARS OF SERVICE: _____ years

EMPLOYMENT STATUS: ☐ Permanent ☐ Contract ☐ Self-employed

CONFIRMATION OF EMPLOYMENT: ☐ Confirmed ☐ Under probation ☐ N/A

RETIREMENT AGE: _____ years

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: _____

EMPLOYER'S ADDRESS:

ADDRESS _____

_____

POSTCODE ☐☐☐☐☐ TOWN _____

STATE _____ COUNTRY _____

TEL NO. (O) ☐☐☐-☐☐☐☐☐☐☐☐☐ FAX NO. ☐☐☐-☐☐☐☐☐☐☐☐☐

OCCUPATION: _____

POSITION:

☐ Clerical/ Gen. Admin ☐ Managerial ☐ Professional ☐ Self-employed
☐ Officer/ Executive ☐ Director ☐ Uniform body ☐ Others:……..

YEARS OF SERVICE: _____

C. MONTHLY INCOME AND EXPENDITURE

MONTHLY INCOME:

BASIC SALARY/ INCOME RM ☐☐☐☐☐☐☐-☐☐

FIXED ALLOWANCE:

1) _____ RM ☐☐☐☐☐☐☐-☐☐
2) _____ RM ☐☐☐☐☐☐☐-☐☐
3) _____ RM ☐☐☐☐☐☐☐-☐☐

OTHER INCOME:

1) _____ RM ☐☐☐☐☐☐☐-☐☐
2) _____ RM ☐☐☐☐☐☐☐-☐☐
3) _____ RM ☐☐☐☐☐☐☐-☐☐

TOTAL GROSS INCOME RM ☐☐☐☐☐☐☐-☐☐

MONTHLY EXPENDITURE:

EPF RM ☐☐☐☐☐☐☐-☐☐

SOCSO RM ☐☐☐☐☐☐☐-☐☐

OTHER EXPENDITURE/ FINANCIAL COMMITMENT:

1) HOUSE RM ☐☐☐☐☐☐☐-☐☐
2) VEHICLE RM ☐☐☐☐☐☐☐-☐☐
3) CREDIT CARD RM ☐☐☐☐☐☐☐-☐☐
4) PERSONAL / OD RM ☐☐☐☐☐☐☐-☐☐
5) OTHERS:…… RM ☐☐☐☐☐☐☐-☐☐
6) OTHERS:…… RM ☐☐☐☐☐☐☐-☐☐

TOTAL FINANCIAL COMMITMENT RM ☐☐☐☐☐☐☐-☐☐

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D. EXISTING BANKING RELATIONSHIP WITH OTHER FINANCIAL INSTITUTIONS

FINANCING FACILTY :

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.
GIA/FTA	1.	2.

FINANCING FACILTY :

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") 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. 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 application.
4. I have not committed any act of bankruptcy as defined under Section 3 of the Bankcruptcy Act 1967.
5. I hereby authorize the Bank to contact my employer or any party to obtain any information required by the Bank.
6. 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) with the Bank.

Signature of Guarantor

Date:

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