



### 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](http://www.muamalat.com.my) and from any of our outlets.

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"/> Vehicle Financing	<input type="checkbox"/> 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. PERSONAL DETAILS (MAIN APPLICANT)

TITLE: _____	FULL NAME: _____	(as per identification card)
IDENTIFICATION TYPE:	<input type="checkbox"/> New Identity Card <input type="checkbox"/> Old Identity Card <input type="checkbox"/> Army IC <input type="checkbox"/> Police IC <input type="checkbox"/> Passport	
IDENTIFICATION NO:	i. New Identity Card [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]	
	ii. Old Identity Card/ Army IC/ Police IC/ Passport [ ] [ ] [ ] [ ] [ ] [ ]	
CURRENT ADDRESS:	DATE OF BIRTH: [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]	AGE: [ ] [ ] years
ADDRESS _____	CITIZENSHIP: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Permanent Resident	
POSTCODE [ ] [ ] [ ] [ ] TOWN _____	BUMIPUTRA STATUS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
STATE _____ COUNTRY _____	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
RESIDENTIAL STATUS: <input type="checkbox"/> Owned <input type="checkbox"/> Employer's Quarters <input type="checkbox"/> Relatives <input type="checkbox"/> Rented	RACE: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others:.....	
STAY DURATION: _____ years	RELIGION: <input type="checkbox"/> Islam <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Buddha <input type="checkbox"/> Others:.....	
TEL NO. (H) [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] FAX NO. [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]	HIGHEST EDUCATION: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary	
TEL NO. (H/P) [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] EMAIL _____	<input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Professional	
HOMETOWN ADDRESS:	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
ADDRESS _____	NO. OF DEPENDENTS: [ ] [ ] < 12 years old [ ] [ ] 12 - 18 years old [ ] [ ] > 18 years old	
POSTCODE [ ] [ ] [ ] [ ] TOWN _____	MOTHER'S MAIDEN NAME: _____	
STATE _____ COUNTRY _____	RELATED TO BMMB STAFF: <input type="checkbox"/> Yes <input type="checkbox"/> No	
TEL NO. [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] PREFERRED MAILING ADDRESS:	If yes, please specify: Staff Name/ ID No.: _____	
FAX NO. [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] <input type="checkbox"/> Current <input type="checkbox"/> Hometown	Relationship: _____	
	Dept./ Branch: _____	

#### B. EMPLOYMENT DETAILS

##### CURRENT EMPLOYMENT

EMPLOYER'S NAME: _____	OCCUPATION: _____
NATURE OF BUSINESS: _____	POSITION: _____
TYPE OF EMPLOYMENT COMPANY:	<input type="checkbox"/> Clerical/ Gen. Admin <input type="checkbox"/> Managerial <input type="checkbox"/> Professional <input type="checkbox"/> Self-employed
<input type="checkbox"/> Government Agency <input type="checkbox"/> Conglomerate/MNC <input type="checkbox"/> Listed Company at Bursa Malaysia	<input type="checkbox"/> Officer/Executive <input type="checkbox"/> Director <input type="checkbox"/> Uniform body <input type="checkbox"/> Others
<input type="checkbox"/> Financial Institution <input type="checkbox"/> Public Ltd. (Bhd) <input type="checkbox"/> Private Ltd. (Sdn Bhd)	
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Proprietorship <input type="checkbox"/> Others: .....	DATE JOINED: [ ] [ ] - [ ] [ ] [ ] [ ]
EMPLOYER'S ADDRESS:	YEARS OF SERVICE: _____ years
ADDRESS _____	EMPLOYMENT STATUS: <input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Self-employed
POSTCODE [ ] [ ] [ ] [ ] TOWN _____	CONFIRMATION OF EMPLOYMENT: <input type="checkbox"/> Confirmed <input type="checkbox"/> Under probation <input type="checkbox"/> N/A
STATE _____ COUNTRY _____	RETIREMENT AGE: _____ years
TEL NO. (O) [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] FAX NO. [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]	RETIREMENT DATE: _____ (only if applicable)
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: _____	OCCUPATION: _____
NATURE OF BUSINESS: _____	POSITION: _____
EMPLOYER'S ADDRESS:	<input type="checkbox"/> Clerical/ Gen. Admin <input type="checkbox"/> Managerial <input type="checkbox"/> Professional <input type="checkbox"/> Self-employed
ADDRESS _____	<input type="checkbox"/> Officer/Executive <input type="checkbox"/> Director <input type="checkbox"/> Uniform body <input type="checkbox"/> Others
POSTCODE [ ] [ ] [ ] [ ] TOWN _____	YEARS OF SERVICE: _____
STATE _____ COUNTRY _____	
TEL NO. (O) [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] FAX NO. [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]	

**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 \_\_\_\_\_  
POSTCODE [ ] [ ] [ ] [ ] [ ] TOWN \_\_\_\_\_  
STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
TEL NO. (H) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
TEL NO. (O) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
TEL NO. (H/P) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
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**

<b>MONTHLY INCOME:</b>		<b>MONTHLY EXPENDITURE:</b>	
BASIC SALARY/ INCOME	RM [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	EPF	RM [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
FIXED ALLOWANCE:		SOC SO	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 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
<b>TOTAL GROSS INCOME</b>	RM [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<b>TOTAL FINANCIAL COMMITMENT</b>	RM [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**F. EXISTING BANKING RELATIONSHIP WITH OTHER FINANCIAL INSTITUTIONS**

<b>FINANCING FACILITY :</b>				
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)**

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



APPLICATION FORM FOR CONSUMER FINANCING

IMPORTANT: Please read our Personal Data Protection Notice ("Notice") and Product Disclosure Sheet (PDS) before completing this form...

The Manager
Bank Muamalat Malaysia Berhad
I/We wish to apply for the following financing facility...

BRANCH :
DATE :

Form fields for TYPE OF APPLICATION, TYPE OF FACILITY, CAMPAIGN/PACKAGE, AMOUNT REQUESTED, and TENURE.

A. COMPANY/ PARTNERSHIP/ SOLE PROPRIETORSHIP

Form fields for COMPANY'S NAME, TYPE OF COMPANY, BUMIPUTRA STATUS, RELATED TO BMMB STAFF, BUSINESS ADDRESS, and contact information.

B. DIRECTORS/ PARTNERS INFORMATION

Table with columns: NAME, NRIC NO., SHAREHOLDINGS (RM, %). Rows 1-4.

C. MONTHLY INCOME AND EXPENDITURE

Form fields for MONTHLY BUSINESS TURNOVER, MONTHLY BUSINESS EXPENDITURE, PROFIT FOR THE PREVIOUS YEARS, and COMPANY'S NETWORTH.

D. EXISTING BANKING RELATIONSHIP WITH OTHER FINANCIAL INSTITUTIONS

Table with columns: 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)

Form fields for DEPOSIT (SAVINGS ACCOUNT, CURRENT ACCOUNT, GIA/FTA) and FINANCING FACILITY (TYPE OF FACILITY, APPROVED LIMIT (RM), O/S BALANCE (RM), MONTHLY INSTALMENT (RM)).

**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. -- PREFERRED MAILING ADDRESS:  
 FAX NO. --  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**

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

**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. _____
GIA/FTA	1. _____	2. _____

**FINANCING FACILITY :**

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

**F. GUARANTOR'S DECLARATION**

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

Signature of Guarantor

Date: