



**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.

**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](http://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  Aitab Vehicle Financing  Aitab 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: \_\_\_\_\_

C. SPOUSE DETAILS	
TITLE: _____	FULL NAME: _____ (as per identification card)
IDENTIFICATION NO:	<ul style="list-style-type: none"> <li>i. New Identity Card <input type="text"/></li> <li>ii. Old Identity Card/ Army IC/ Police IC/ Passport <input type="text"/></li> </ul>
OCCUPATION: _____	
EMPLOYER'S NAME: _____	
HOMETOWN ADDRESS: ADDRESS _____	EMPLOYER'S ADDRESS: ADDRESS _____
POSTCODE <input type="text"/> TOWN _____	POSTCODE <input type="text"/> TOWN _____
STATE _____ COUNTRY _____	STATE _____ COUNTRY _____
TEL NO. (H) <input type="text"/>	TEL NO. (O) <input type="text"/>
TEL NO. (H/P) <input type="text"/>	MONTHLY INCOME: <input type="text"/>
	RETIREMENT AGE: _____ years RETIREMENT DATE: _____ (only if applicable)

D. REFERENCE (Parents or close relatives who are not staying with the applicant)	
<b>1.</b> TITLE: _____ FULL NAME: _____ (as per identification card)	
RELATIONSHIP TO APPLICANT: _____	TEL NO. (H) <input type="text"/>
HOMETOWN ADDRESS: _____	TEL NO. (O) <input type="text"/>
	TEL NO. (H/P) <input type="text"/>
POSTCODE <input type="text"/> TOWN _____	
STATE _____ COUNTRY _____	
<b>2.</b> TITLE: _____ FULL NAME: _____ (as per identification card)	
RELATIONSHIP TO APPLICANT: _____	TEL NO. (H) <input type="text"/>
HOMETOWN ADDRESS: _____	TEL NO. (O) <input type="text"/>
	TEL NO. (H/P) <input type="text"/>
POSTCODE <input type="text"/> TOWN _____	
STATE _____ COUNTRY _____	

E. 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"/>
TOTAL GROSS INCOME RM <input type="text"/>	TOTAL FINANCIAL COMMITMENT RM <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**

<b>MONTHLY INCOME:</b>		<b>MONTHLY EXPENDITURE:</b>	
BASIC SALARY/ INCOME	RM [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]	EPF	RM [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]
FIXED ALLOWANCE:		SOCSSO	RM [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]
1) _____	RM [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]	<b>OTHER EXPENDITURE/ FINANCIAL COMMITMENT:</b>	
2) _____	RM [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]	1) HOUSE	RM [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]
3) _____	RM [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]	2) VEHICLE	RM [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]
<b>OTHER INCOME:</b>		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**

**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 :**

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



**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  
 (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  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: \_\_\_\_\_ Remaining Period: .....years

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

PROFIT AMOUNT RM \_\_\_\_\_

TOTAL PAYABLE RM \_\_\_\_\_

MONTHLY RENTAL: RM \_\_\_\_\_

FINAL INSTALLMENT/ SELLING PRICE: RM \_\_\_\_\_

DEALER'S HANDLING F 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") 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 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") 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
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

Signature of Guarantor

Date: