

OTHER CREDIT FACILITIES LOAN

Application Form

- Bank Guarantees
- Overdrafts
- Letter of credit
- Trust Receipt Demand loans

For Bank use only

Customer No:

Loan Reference No:

IMPORTANT INFORMATION

Qualifying age (Personal Banking Customers)

You must not exceed 60 years of age at the time of application and the requested credit facility must be repaid and fully adjusted before you reach the age of 65 years. If you are unable to meet this criteria, please submit your application in joint capacity with another party.

Own contribution

A minimum of 30% of the project cost must be invested from own funds. If it is already invested, source of investment and documents for proof of investment must be provided. If equity is yet to be invested, evidence of equity must be provided.

Repayment period

Maximum repayment period for normal loans is 7 years (84 months). However, repayment period will be fixed based on your repayment capacity.

Repayment capacity

Income from business/project must be sufficient to cover the proposed repayment amount. Please note that all income must be verified through documents and/or account operation for it to be considered in assessing the repayment capacity.

Mortgage

Security type normally accepted by bank includes house property and vessels. However, vessel alone will only be considered under exceptional circumstances at the discretion of the bank. Value of the property /ies offered must be sufficient to cover the requested loan amount. Mortgage should be insured.

SECTION 1A - YOUR DETAILS (PERSONAL BANKING CUSTOMERS ONLY)

(If more than one applicant, please fill and submit a copy of sections 1-6 for each applicant)

Full Name

ID Card No.

Permanent Address

Present Address

Contact Nos.

Occupation

Place of Work

Length of Service

Educational Qualification

- Primary
 Secondary
 Degree
 High School / Diploma
 Masters
 Professional
 Others, please specify _____

Marital Status

- Single
 Married
 Divorced
 Widowed

SIGNATURE: _____

Details of Spouse(s)				
Full Name	ID Card No.	Contact No.	Occupation	Salary / Income
Number of Children (From all marriages)	<input type="text"/>	Aged below 18 years	<input type="text"/>	Aged above 18 years
Number of joining borrowers	<input type="text"/>	Relation of joining borrowers	<input type="text"/>	

SECTION 1B - YOUR DETAILS (BUSINESS & INSTITUTIONS ONLY)

Name				
Registration No.		Registration Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Type of Business	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Sole Trader	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Others, please specify _____		
Registered Address	<input type="text"/>			
Present Business Address	<input type="text"/>			
Phone No:	<input type="text"/>	Email	<input type="text"/>	
Fax No:	<input type="text"/>			
Main lines of business				
Total Investment				
Details of Shareholders				
Name	ID Card No.	Designation	No. of shares held	% of Shares held

SECTION 2 - BANKING DETAILS

Bank / Branch	Account Number	Currency	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> MVR	<input type="checkbox"/> USD
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> MVR	<input type="checkbox"/> USD
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> MVR	<input type="checkbox"/> USD
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> MVR	<input type="checkbox"/> USD

SECTION 5 - LIABILITY / CREDIT FACILITY DETAILS

Existing loans and borrowing from third parties	Lender's name <input style="width: 90%;" type="text"/>	Amount borrowed <input style="width: 90%;" type="text"/>
	Security <input style="width: 90%;" type="text"/>	Purpose <input style="width: 90%;" type="text"/>
	Amount outstanding <input style="width: 90%;" type="text"/>	
	Lender's name <input style="width: 90%;" type="text"/>	Amount borrowed <input style="width: 90%;" type="text"/>
	Security <input style="width: 90%;" type="text"/>	Purpose <input style="width: 90%;" type="text"/>
	Amount outstanding <input style="width: 90%;" type="text"/>	
	Lender's name <input style="width: 90%;" type="text"/>	Amount borrowed <input style="width: 90%;" type="text"/>
	Security <input style="width: 90%;" type="text"/>	Purpose <input style="width: 90%;" type="text"/>
	Amount outstanding <input style="width: 90%;" type="text"/>	
Other credit facilities (Credit schemes, Letters of credit, Overdrafts etc.)	Name of Institute <input style="width: 90%;" type="text"/>	Amount borrowed <input style="width: 90%;" type="text"/>
	Security <input style="width: 90%;" type="text"/>	Type of facility <input style="width: 90%;" type="text"/>
	Amount outstanding <input style="width: 90%;" type="text"/>	
	Name of Institute <input style="width: 90%;" type="text"/>	Amount borrowed <input style="width: 90%;" type="text"/>
	Security <input style="width: 90%;" type="text"/>	Type of facility <input style="width: 90%;" type="text"/>
	Amount outstanding <input style="width: 90%;" type="text"/>	
	Name of Institute <input style="width: 90%;" type="text"/>	Amount borrowed <input style="width: 90%;" type="text"/>
	Security <input style="width: 90%;" type="text"/>	Type of facility <input style="width: 90%;" type="text"/>
	Amount outstanding <input style="width: 90%;" type="text"/>	
Credit cards	Name of Institute <input style="width: 90%;" type="text"/>	Expiry date <input style="width: 90%;" type="text"/>
	Card type <input style="width: 90%;" type="text"/>	Card limit <input style="width: 90%;" type="text"/>
	Amount outstanding <input style="width: 90%;" type="text"/>	
	Name of Institute <input style="width: 90%;" type="text"/>	Expiry date <input style="width: 90%;" type="text"/>
	Card type <input style="width: 90%;" type="text"/>	Card limit <input style="width: 90%;" type="text"/>
	Amount outstanding <input style="width: 90%;" type="text"/>	
	Name of Institute <input style="width: 90%;" type="text"/>	Expiry date <input style="width: 90%;" type="text"/>
	Card type <input style="width: 90%;" type="text"/>	Card limit <input style="width: 90%;" type="text"/>
	Amount outstanding <input style="width: 90%;" type="text"/>	

Corporate / Personal guarantees provided for credit facilities in the names of other persons / entities	Borrower's name <input type="text"/>	ID Number <input type="text"/>
	Lender's name <input type="text"/>	Type of facility <input type="text"/>
Collateral /Securities provided for credit facilities in the names of other persons / entities	Borrower's name <input type="text"/>	ID Number <input type="text"/>
	Lender's name <input type="text"/>	Type of facility <input type="text"/>
Collateral /Securities provided for credit facilities in the names of other persons / entities	Borrower's name <input type="text"/>	ID Number <input type="text"/>
	Lender's name <input type="text"/>	Type of facility <input type="text"/>
Collateral /Securities provided for credit facilities in the names of other persons / entities	Borrower's name <input type="text"/>	ID Number <input type="text"/>
	Lender's name <input type="text"/>	Type of facility <input type="text"/>
Collateral /Securities provided for credit facilities in the names of other persons / entities	Borrower's name <input type="text"/>	ID Number <input type="text"/>
	Lender's name <input type="text"/>	Type of facility <input type="text"/>
Collateral /Securities provided for credit facilities in the names of other persons / entities	Borrower's name <input type="text"/>	ID Number <input type="text"/>
	Lender's name <input type="text"/>	Type of facility <input type="text"/>

SECTION 6 - DETAILS OF RELATED BUSINESSES

Any company in which you hold shares or are on the Board of Directors			
Name of entity	Registration Number	Registered Date	% of Shares held
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 7 - PURPOSE OF LOAN

Credit facility is required to: (check all that apply)	
<input type="checkbox"/> Meet operational expenses	<input type="checkbox"/> Finance purchase of inventory
<input type="checkbox"/> To increase my credit facility limit	<input type="checkbox"/> Import of stock
Reason for enhancement	<input type="text"/>
Credit limit previously approved	<input type="text"/>
Enhancement required	<input type="text"/>
<input type="checkbox"/> Others (Please Specify)	<input type="text"/>

SECTION 8 - FINANCIAL DETAILS

Currency	<input type="checkbox"/> MVR <input type="checkbox"/> USD	Required amount <input type="text"/>	Required duration <input type="text"/>
Purpose			
Bank Account number in which limit required*	<input type="text"/>		
Account to deduct insurance premium, all fees & charges *	Fill below if account number is different from above <input type="text"/>		
Insurance Premium Option	<input type="checkbox"/> Annual Premium <input type="checkbox"/> Full Tenor <input type="checkbox"/> Debit Insurance premium from account <input type="checkbox"/> Debit Insurance premium from account, or <input type="checkbox"/> Include Insurance premium in loan amount		

SECTION 9 - COLLATERAL / SECURITY DETAILS

To be filled for house/commercial property (if more than one property, please fill and submit a copy of this part for each property)

Name of property			
Registration No.		Registered at / institution	
Location		Total land area	
Year built		Built-up area	
Type of land	<input type="checkbox"/> Private	<input type="checkbox"/> Government	<input type="checkbox"/> Private / Government <input type="checkbox"/> Commercial
Type of property	<input type="checkbox"/> Building	<input type="checkbox"/> Flat / Apartment	<input type="checkbox"/> Land
Usage	<input type="checkbox"/> Own residence	<input type="checkbox"/> Leased, specify monthly income	<input type="checkbox"/> Other (specify) _____
Is the property constructed on a sub-plot (i.e. total land registered in joint names) ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Declared Value*			
To be filled for vessels (if more than one vessel, please fill and submit a copy of this part for each vessel)			
Name of Vessel			
Type of Vessel		Year Built	
Hull Type			
Registration No.		Last over hauled date	<input type="text"/>
Usage	<input type="checkbox"/> Personal	Tonnage	
	<input type="checkbox"/> Commercial (specify monthly income)	Length	
Declared Value*			
To be filled for tourist resorts			
Name of Resort		Registration No.	
Location		No. of rooms	
Lease expiry date	<input type="text"/>	Lessee name	
ID Card No. (if individual)		Registration No. (if company)	
Declared Value*			

To be filled for industrial properties

Type of property		Lease expiry date	<input type="text"/>
Location		Owner / Lessee name	
ID Card No. (if individual)		Registration No. (if company)	
Declared Value*			

To be filled for stock in trade

Location(s)	1.	4.
	2.	5.
	3.	6.
Declared Value*		

*Please note that collateral cover over the loan amount requested will be calculated based on the collateral value as assessed by the Bank

Owner(s) details (if owners exceed the number provided below, please attach an additional copy of this part & fill this part)	Owner's name <input type="text"/>	ID Number <input type="text"/>
	Present Address <input type="text"/>	Age No. of Dependents <input type="text"/> <input type="text"/>
	Current address(es) of dependents <input type="text"/>	Asset owned <input type="text"/>
	Relationship to applicant(s) <input type="text"/>	
	Owner's name <input type="text"/>	ID Number <input type="text"/>
	Present Address <input type="text"/>	Age No. of Dependents <input type="text"/> <input type="text"/>
	Current address(es) of dependents <input type="text"/>	Asset owned <input type="text"/>
	Relationship to applicant(s) <input type="text"/>	
	Owner's name <input type="text"/>	ID Number <input type="text"/>
	Present Address <input type="text"/>	Age No. of Dependents <input type="text"/> <input type="text"/>
	Current address(es) of dependents <input type="text"/>	Asset owned <input type="text"/>
	Relationship to applicant(s) <input type="text"/>	

SIGNATURE: _____

	<p>Owner's name <input type="text"/></p> <p>Present Address <input type="text"/></p> <p>Current address(es) of dependents <input type="text"/></p>	<p>ID Number <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"/></p> <p>Age No. of Dependents <input type="text"/> <input type="text"/></p> <p>Asset owned <input type="text"/></p> <p>Relationship to applicant(s) <input type="text"/></p>
<p>Details of existing mortgage: Is the property offered already mortgaged to an existing facility?</p> <p><input type="checkbox"/> Yes (fill these details) <input type="checkbox"/> No</p>	<p>Borrower's name <input type="text"/></p> <p>Lender's name <input type="text"/></p> <p>Type of facility <input type="text"/></p>	<p>ID Number <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Amount Outstanding <input type="text"/></p>
	<p>Borrower's name <input type="text"/></p> <p>Lender's name <input type="text"/></p> <p>Type of facility <input type="text"/></p>	<p>ID Number <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Amount Outstanding <input type="text"/></p>

DECLARATION

This declaration is made to Bank of Maldives Plc.

1. I/We confirm that all information provided in this application (on this summary page and supporting forms) is true and correct, and that no relevant information has been withheld.
2. I/We understand that the processing of this application will take a certain period of time, and is subject to the lending criteria and standard approval process of the Bank.
3. I/We will not make attempts to influence the decision of the Bank by canvassing any members of the Management or Approval Authorities.
4. I/We further understand that relevant charges and fees will apply as per the Bank's prevailing Schedule of Charges and amendments thereto, and that it is my/our responsibility to clarify such applicable charges.
5. I/We acknowledge that the Bank may continuously rely on the information contained in the application, and I/We are obligated to amend and/or supplement the information provided in this application if any of the material facts that I/We have represented herein should change prior to closing of the Loan.
6. I/We further understand that the Bank reserves the right to reject this application (or if after approval, to cancel the facility and call back the entire outstanding amount with accrued interest) if this application or my/our actions are in contradiction to the above.

Date

For Personal Banking Customers (singly or jointly with other applicants)

Name	ID Card No.	Signature
1. _____	<input type="text"/>	_____
2. _____	<input type="text"/>	_____
3. _____	<input type="text"/>	_____
4. _____	<input type="text"/>	_____
5. _____	<input type="text"/>	_____

For Businesses & Institutions

Name	Designation	Signature
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Company Seal

- This checklist is an integral part of the Other Credit Facilities Loan Application Form
- All Applicants shall fill all sections of this Checklist
- Additional documents may be required for the application upon request from the Bank
- This check list is for reference only and the requirements stated may change from time to time. Should there be any inconsistencies between this document and the Bank's internal policy and procedures, the latter shall prevail

LIST OF DOCUMENTS TO BE PROVIDED WITH APPLICATION

	Document Type	Document Name	Tick if Submitted
SECTION A - IDENTIFICATION			
INDIVIDUALS	Original	Completed "Information form for personal banking customers (Submit if there is change in information already declared to bank)	<input type="checkbox"/>
	Copy	SME Registration	<input type="checkbox"/>
SOLE PROPRIETORS	Original	Completed "information form for Businesses & Institutions' (Submit if there is change in information already declared to bank)	<input type="checkbox"/>
		Completed "Information form for personal banking customers - This form is required for each director, Ultimate beneficial owner (Submit if there is change in information already declared to bank)	<input type="checkbox"/>
	Copy	Registration Certificate	<input type="checkbox"/>
		Trade License	<input type="checkbox"/>
		SME Registration	<input type="checkbox"/>
	Business Name Registration	<input type="checkbox"/>	
COMPANIES	Original	Completed "information form for Businesses & Institutions' (Submit if there is change in information already declared to bank)	<input type="checkbox"/>
		Completed "Information form for personal banking customers - This form is required for each director, Ultimate beneficial owner (Submit if there is change in information already declared to bank)	<input type="checkbox"/>
	Copy	Certificate of Incorporation or Registration	<input type="checkbox"/>
		Memorandum of Association including any amendments thereto	<input type="checkbox"/>
		Articles of Association including any amendments thereto	<input type="checkbox"/>
		Latest share transfer form (If different from that specified in Articles/Memorandum of Association)	<input type="checkbox"/>
	Original	Resolution of the Board of Directors - This should be in line with "FORMAT" provided by the Bank indicating, Type of Facility, Amount of facility, Security Offered (including Personal Guarantee of all Directors) & Authorized signatory for all documentation	<input type="checkbox"/>
	Copy	Details of ongoing and completed projects for past 12 months as per bank format (soft copy will be made available to you upon request)	<input type="checkbox"/>
Financial Statements for the past 2 years - (please fill section C)		<input type="checkbox"/>	
PARTNERSHIP	Original	Completed "information form for Businesses & Institutions' (Submit if there is change in information already declared to bank)	<input type="checkbox"/>
		Completed "Information form for personal banking customers (Submit if there is change in information already declared to bank)	<input type="checkbox"/>
	Copy	Share Structure & List of Partners	<input type="checkbox"/>
		Partnership Deed/ Agreement	<input type="checkbox"/>
		Certification of Registration	<input type="checkbox"/>
	Original	Resolution - This should be in line with "FORMAT" provided by the Bank indicating, Type of Facility, Amount of facility, Security Offered (including Personal Guarantee of all partners) & Authorized signatory for all documentation	<input type="checkbox"/>
	Copy	Details of ongoing and completed projects for past 12 months as per bank format (soft copy will be made available to you upon request)	<input type="checkbox"/>
SME Registration		<input type="checkbox"/>	
SECTION B - FINANCIAL STATEMENTS			
FINANCIAL STATEMENTS	Copy	Financials for the Past 2 Financial Years. Audited financials is required for applications with total exposure above MVR 1 million or equivalent amount in USD & Prepares Audit for Tax compliance (Audited by a MIRA approved auditor)	<input type="checkbox"/>
		Management accounts of current year	<input type="checkbox"/>
		Cash flow statement for the past 12 months	<input type="checkbox"/>
		Projected Cash flow statement for minimum 05 years	<input type="checkbox"/>

SIGNATURE: _____

		SECTION C - TAX DOCUMENTS All applicants shall submit the following tax documents if all or any of the declared income is subject to disclosure for tax compliance	
TAX DOCUMENTS	Copy	BPT registration Certificate	<input type="checkbox"/>
		GST/TGST registration Certificate	<input type="checkbox"/>
		Final BPT Return Statements for past 1 Year	<input type="checkbox"/>
		BPT Payment Vouchers for past 1 Year	<input type="checkbox"/>
		GST Returns for past 12 months	<input type="checkbox"/>
		GST/TGST Payment Vouchers for past 12 months	<input type="checkbox"/>
		Payment Agreement with MIRA to pay overdue (If any)	<input type="checkbox"/>
		Up to date Tax Clearance Report	<input type="checkbox"/>
		SECTION D - ADDITIONAL INCOME DECLARATION (not inclusive in Financial Statements)	
SALARY	Copy	Letter of employment or letter of appointment on employer's letter head indicating; Company registration number, Period of employment, Date of appointment, Designation, Monthly income – gross & net income received. Note: Employment letter will not be required if salary is routed through BML payroll service	<input type="checkbox"/>
RENT	Copy	House Registry	<input type="checkbox"/>
		Valid rental agreement(s) for verification of rental income (Original to be presented to branch for validation of copy)	<input type="checkbox"/>
		If rent is from subleased property: Head lease agreements with the owner and house registry	<input type="checkbox"/>
		If rent is from a property Jointly Owned and declared as income of a single person No objection letter from other joint owners to be obtained	<input type="checkbox"/>
VESSEL	Copy	Vessel Registry	<input type="checkbox"/>
		Cash flow statement for the past 12 months	<input type="checkbox"/>
		SECTION E - OTHER DOCUMENTS	
FOR ALL APPLICANTS	Copy	Account statement for the past 6 months from the bank where account is being operated (if other than BML)	<input type="checkbox"/>
		Details of ongoing and completed projects for past 12 months as per bank format (soft copy will be made available to you upon request)	<input type="checkbox"/>
		Paid bills/invoices for equity portion already invested to the project	<input type="checkbox"/>
		Proof of equity for equity portion yet to be invested to the project	<input type="checkbox"/>
		Account statements if equity is reflected through any other bank	<input type="checkbox"/>
		Quotations/BOQ	<input type="checkbox"/>
		Business Plan; Nature of business, Products & services, Outlets/location, Customer analysis, Marketing & advertising, Market trends, Labor requirement & Fund utilization	<input type="checkbox"/>
		Lease Agreements of the premises where the business is operating	<input type="checkbox"/>
		Disbursement Plan	<input type="checkbox"/>
		Stock list as per Bank format (PDF and Excel)	<input type="checkbox"/>
		SECTION F - MORTGAGE	
PROPERTY / VESSEL	Copy	Valid ID card of owner(s)	<input type="checkbox"/>
	Copy	Registration (Original to be presented for validation of copy)	<input type="checkbox"/>
	Original	If property is a sub-plot, letter of personal guarantee from remaining sub-plot owners must be submitted	<input type="checkbox"/>
	Original	No objection letter from owner	<input type="checkbox"/>
	Original	Completed Insurance application form	<input type="checkbox"/>

For Bank use only

	Staff ID:	Signature:	Business Unit:	Date:
Form & Supporting documents received by:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Information verified by:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Information input to system by:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

SIGNATURE: _____

