

# PERSONAL LOAN

## Application Form

**FOR**

- Medical
- Higher Education
- Purchase of Assets etc

**For Bank use only**

Customer No:

Loan Reference No:

### IMPORTANT INFORMATION

**Qualifying age (Personal Banking Customers)**

You must not be over 60 years of age at the time of application and the requested loan 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**

You should have the capacity to invest 30% of the project value (If it is already invested, source of investment and documents for proof of investment must be provided. If own contribution is yet to be invested, evidence 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**

Your total monthly net income 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 your repayment capacity.

**Mortgage**

Security normally accepted by Bank includes house property and vessels. However, vessels 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.

If you fulfill the above criteria, please complete the application form and return it together with supporting documentation to a Bank of Maldives branch. Please note that approval of any credit facility is strictly at the discretion of the bank.

Please fill form in **CAPITAL LETTERS**

### SECTION 1 - YOUR DETAILS

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

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 2 - BANKING DETAILS

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

### SECTION 3 - INCOME & EXPENDITURE DETAILS

Average Monthly Income				
Details	Amount	Bank	Account Number through which income is routed	
Salary			<input type="text"/>	
Fixed Allowances			<input type="text"/>	
Rental Income			<input type="text"/>	
Net Income from Business			<input type="text"/>	
Other ( Please specify )			<input type="text"/>	
			<input type="text"/>	
<b>Total Income:</b>				
Average Monthly Expenditure ( please provide breakdown of major sources )				
Details			Amount	
Rent				
Food				
Utilities & Other Bills				
School Expenses				
Existing Loan repayments				
Other credit facility repayments				
Other ( Please specify )				
<b>Total Expenses</b>				
<b>Monthly Net Income</b>				

## SECTION 4 - YOUR ASSETS

Tick the relevant boxes	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Provident Fund	<input type="checkbox"/> Shares	<input type="checkbox"/> Pension Fund
<b>Movables</b> ( Please write the quantity of each type of asset you own in the boxes )	<input type="text"/> <input type="text"/> Motor Cycle	<input type="text"/> <input type="text"/> Car	<input type="text"/> <input type="text"/> Vessel	<input type="text"/> <input type="text"/> Others, please specify .....
Is your asset insured?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Please list all insured asset(s)		
If asset(s) are used for commercial purposes (Please specify)	<input type="text"/> <input type="text"/> No. of asset(s)	Annual Income .....		
<b>Immovable</b>	Property name	Country	Is your property mortgaged?	Is your property insured?
	.....	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	.....	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 5 - LIABILITY / CREDIT FACILITY DETAILS

<b>Existing loans and borrowing from third parties</b>	Lender's name	Amount borrowed	
	<input type="text"/>	<input type="text"/>	
	Security	Purpose	Amount outstanding
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Lender's name	Amount borrowed	
	<input type="text"/>	<input type="text"/>	
	Security	Purpose	Amount outstanding
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other credit facilities ( Credit schemes, Letters of credit, Overdrafts etc. )</b>	Name of Institute	Amount borrowed	
	<input type="text"/>	<input type="text"/>	
	Security	Type of facility	Amount outstanding
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Institute	Amount borrowed	
	<input type="text"/>	<input type="text"/>	
	Security	Type of facility	Amount outstanding
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Institute	Amount borrowed	
	<input type="text"/>	<input type="text"/>	
	Security	Type of facility	Amount outstanding
	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNATURE: .....

<b>Credit cards</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Name of Institute <input style="width: 95%;" type="text"/></td> <td style="width: 30%; border: none;">Expiry date <table style="width: 100%; border: none; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> </tr> </table> </td> </tr> <tr> <td style="border: none;">Card type <input style="width: 95%;" type="text"/></td> <td style="border: none;">Card limit <input style="width: 95%;" type="text"/></td> <td style="border: none;">Amount outstanding <input style="width: 95%;" type="text"/></td> </tr> </table>	Name of Institute <input style="width: 95%;" type="text"/>	Expiry date <table style="width: 100%; border: none; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Card type <input style="width: 95%;" type="text"/>	Card limit <input style="width: 95%;" type="text"/>	Amount outstanding <input style="width: 95%;" type="text"/>	
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Type of facility <input style="width: 95%;" type="text"/>	Collateral provided <input style="width: 95%;" 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

## SECTION 7 - PURPOSE OF LOAN

Select Loan Purpose ( Check all that apply )

Medical Expenses

Name of Patient .....

Relationship to the Borrower ( if Borrower is different from patient ) .....

Medical consultation/investigation/procedure required from  Within the country  Abroad

If traveling abroad, Name of country ..... No. of persons accompanying the patient .....

Higher Education

Name of Student .....

Relationship to the Borrower ( if Borrower is different from student ) .....

Course title ..... Course duration .....

Level of qualification  Certificate  Diploma  Degree  Masters

Others, please specify .....

Purchase of assets

Type of asset to be purchased .....

Seller .....

To be utilized for  Personal Use  Commercial use, specify expected monthly income

To increase my existing loan amount

Reason for enhancement .....

Loan amount previously taken .....

Additional funds required .....

Others (Please Specify) .....

## SECTION 8 - LOAN REQUIREMENT

Currency  MVR  USD

Total project funds required

Equity already invested

Equity yet to invest

Total Loan amount

Bank will provide financing up to 70% of the total project cost. Any amount exceeding 70% but not already invested from own sources will be considered as equity yet to be invested.

Source of equity already invested  Own funds  Third party borrowings, please provide details in SECTION 5

Others, please specify .....

**Proposed terms of repayment**

Repayment period ( preferred total period including grace )   Years   Months

Grace period ( months )   ( Monthly interest or payment approximately equal to the monthly interest will be payable )

Monthly installment (after grace period)

Preferred amount ----- Maximum amount -----

Repayment period and installment will be fixed according to the Bank's calculated schedule, and may be different from your preferred period and amount.

**Insurance Premium Option**

- Annual Premium  Full Tenor
- Debit Insurance premium from account  Debit Insurance premium from account, or
- Include Insurance premium in loan amount

**Instructions for disbursement, loan payment and recovery fees**

Account to which loan funds to be deposited	7 7
Account from which loan repayment to be deducted	7 7
Account to deduct insurance premium, all fees & charges	7 7

**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		Year Built	
Type of Vessel		Last over hauled date	
Hull Type		Tonnage	
Registration No.		Length	
Usage	<input type="checkbox"/> Personal	<input type="checkbox"/> Commercial ( specify monthly income ) .....	

SIGNATURE: .....

Declared Value\*

Any other collateral (specify details): .....

\*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 <input type="text"/> No. of Dependents <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 <input type="text"/> No. of Dependents <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 <input type="text"/> No. of Dependents <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 <input type="text"/> No. of Dependents <input type="text"/>
Current address(es) of dependents <input type="text"/>	Asset owned <input type="text"/>
	Relationship to applicant(s) <input type="text"/>

<b>Details of existing mortgage:</b> Is the property offered already mortgaged to an existing facility?  <input type="checkbox"/> Yes (fill these details)  <input type="checkbox"/> No	Borrower's name <input type="text"/>	ID Number <input type="text"/>
	Lender's name <input type="text"/>	Amount Outstanding <input type="text"/>
	Type of facility <input type="text"/>	
	Borrower's name <input type="text"/>	ID Number <input type="text"/>
	Lender's name <input type="text"/>	Amount Outstanding <input type="text"/>
	Type of facility <input type="text"/>	

## 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.

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date

1.			
	Name	ID Card No.	Signature
2.			
	Name	ID Card No.	Signature
3.			
	Name	ID Card No.	Signature
4.			
	Name	ID Card No.	Signature
5.			
	Name	ID Card No.	Signature



- This checklist is an integral part of the Personal 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	
	<b>SECTION A - IDENTIFICATION</b>		
<b>INDIVIDUALS</b>	Original	Completed "Information form for personal banking customers (Submit if there is change in information already declared to bank)	<input type="checkbox"/>
	Copy	Account statement for the past 6 months from the bank where account is being operated (if other than BML)	<input type="checkbox"/>
	Copy	Supporting documents for income declared - (please fill section B)	<input type="checkbox"/>
	<b>SECTION B - INCOME DECLARATION</b>		
<b>SALARY</b>	Copy	Letter of employment or letter of appointment on employer's letter head; Note: Employment letter will not be required if salary is routed through BML payroll service	<input type="checkbox"/>
		Company registration number	<input type="checkbox"/>
		Period of employment	<input type="checkbox"/>
		Date of appointment	<input type="checkbox"/>
		Designation	<input type="checkbox"/>
		Monthly income – gross & net income received	<input type="checkbox"/>
<b>RENT</b>	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"/>
		Tax Related Documents (please fill section D)	<input type="checkbox"/>
<b>BUSINESS INCOME</b>	Copy	Certificate of Incorporation or Registration	<input type="checkbox"/>
		Partnership Deed/ Agreement	<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"/>
		Cash flow statement for the past 12 months	<input type="checkbox"/>
		Tax Related Documents (please fill section D)	<input type="checkbox"/>
		Financial Statements for the past 2 years (please fill section D)	<input type="checkbox"/>
<b>VESSEL INCOME</b>	Copy	Vessel Registry	<input type="checkbox"/>
		Cash flow statement for the past 12 months	<input type="checkbox"/>
		Tax Related Documents (please fill section D)	<input type="checkbox"/>
		Financial Statements for the past 2 years (please fill section D)	<input type="checkbox"/>

SIGNATURE: .....

OTHER INCOME		Relevant documents for the verification of income	<input type="checkbox"/>	
	<b>SECTION C - FINANCIAL STATEMENTS</b>			
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)	<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"/>	
<b>SECTION D - TAX DOCUMENTS</b>				
TAX DOCUMENTS	Copy	BPT registration Certificate	<input type="checkbox"/>	
		GST 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 Payment Vouchers for past 12 months	<input type="checkbox"/>	
		Original up to date Tax Clearance Report	<input type="checkbox"/>	
<b>SECTION E - OTHER DOCUMENTS</b>				
FOR ALL APPLICANTS	Copy	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"/>	
		Certified invoice/ quotation or interim sale/purchase agreement, if funding requirement is purchase of assets	<input type="checkbox"/>	
		Disbursement Schedule	<input type="checkbox"/>	
	Please submit the following documents if funding requirement is for for medical purpose			
	Copy	Doctors certificate indicating condition of the patient and estimated costs for any procedures required	<input type="checkbox"/>	
		Breakdown of the additional costs to be incurred (i.e. travel, accommodation, food etc.)	<input type="checkbox"/>	
	Please submit the following documents if funding requirement is for for higher education			
	Copy	Copy of the letter of Acceptance for new courses	<input type="checkbox"/>	
		Proof of registration for ongoing courses	<input type="checkbox"/>	
		Copy of latest academic results	<input type="checkbox"/>	
	Original	Proof of costs must be submitted	<input type="checkbox"/>	
<b>SECTION F - MORTGAGE</b>				
PROPERTY VESSEL	Copy	Valid ID card of owner(s)	<input type="checkbox"/>	
		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"/>	
		No objection letter from owner	<input type="checkbox"/>	
		Completed Insurance application form	<input type="checkbox"/>	

Definitions

"Beneficial Owner" means the natural person who ultimately controls a customer, or the person on whose behalf a transaction is being conducted, or the person who exercise ultimate effective control over a legal person or arrangement

# For Bank use only

	Staff ID:	Signature:	Business Unit:	Date:
Form & Supporting documents received by:	<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"/>
Information verified by:	<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"/>
Information input to system by:	<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"/>

SIGNATURE: .....

