

# LIFESTYLE LOAN

## Application Form

### For Bank use only

Customer No:

Loan Reference No:

### IMPORTANT INFORMATION

- For unsecured loans: Your rental income of past 12 months should be routed through BML
- For secured loans: 03 months income should be routed through any bank account and minimum 01 month rental income should be routed through BML prior to disbursement
- Personal net monthly income from all sources including rental income must be sufficient to cover the repayment amount.
- Property offered as security must be owned by you and must generate rental income. Its current value must be at least 150% of the loan amount. Mortgage should be insured.
- Maximum age limit is normally 60 years, though this may not apply if the loan repayment can be met from rental income.

### SECTION 1 - YOUR DETAILS

Full Name	<input type="text"/>			
ID Card No.	<input type="text"/>			
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Permanent Address	<input type="text"/>			
Present Address	<input type="text"/>			
Contact Nos.	<input type="text"/>	Occupation	<input type="text"/>	
Place of Work	<input type="text"/>	Length of Service	<input type="text"/>	
Educational Qualification	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Degree	<input type="checkbox"/> High School / Diploma
	<input type="checkbox"/> Masters	<input type="checkbox"/> Professional	<input type="checkbox"/> Others, please specify .....	
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Details of Spouse(s)				
Full Name	ID Card No.	Contact No.	Occupation	Salary / Income
<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"/>
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"/>	

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## 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"/> Motor Cycle <input type="text"/> Car <input type="text"/> Vessel <input type="text"/> Others, please specify ..... ..... .....
Is your asset insured?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please list all insured asset(s) ..... .....

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If asset(s) are used for commercial purposes (Please specify)	<input type="text"/> <input type="text"/> No. of asset(s)      Annual Income .....												
Immovable	<table border="0"> <tr> <td>Property name</td> <td>Country</td> <td>Is your property mortgaged?</td> <td>Is your property insured?</td> </tr> <tr> <td>.....</td> <td>.....</td> <td><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> </tr> <tr> <td>.....</td> <td>.....</td> <td><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> </tr> </table>	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
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**

Existing loans and borrowing from third parties	Lender's name <input type="text"/>	Amount borrowed <input type="text"/>	
	Security <input type="text"/>	Purpose <input type="text"/>	Amount outstanding <input type="text"/>
	Lender's name <input type="text"/>	Amount borrowed <input type="text"/>	
	Security <input type="text"/>	Purpose <input type="text"/>	Amount outstanding <input type="text"/>
	Lender's name <input type="text"/>	Amount borrowed <input type="text"/>	
	Security <input type="text"/>	Purpose <input type="text"/>	Amount outstanding <input type="text"/>

Other credit facilities ( Credit schemes, Letters of credit, Overdrafts etc. )	Name of Institute <input type="text"/>	Amount borrowed <input type="text"/>	
	Security <input type="text"/>	Type of facility <input type="text"/>	Amount outstanding <input type="text"/>
	Name of Institute <input type="text"/>	Amount borrowed <input type="text"/>	
	Security <input type="text"/>	Type of facility <input type="text"/>	Amount outstanding <input type="text"/>
	Name of Institute <input type="text"/>	Amount borrowed <input type="text"/>	
	Security <input type="text"/>	Type of facility <input type="text"/>	Amount outstanding <input type="text"/>

Credit cards	Name of Institute <input type="text"/>	Expiry date <input type="text"/>	
	Card type <input type="text"/>	Card limit <input type="text"/>	Amount outstanding <input type="text"/>
	Name of Institute <input type="text"/>	Expiry date <input type="text"/>	
	Card type <input type="text"/>	Card limit <input type="text"/>	Amount outstanding <input type="text"/>
	Name of Institute <input type="text"/>	Expiry date <input type="text"/>	
	Card type <input type="text"/>	Card limit <input type="text"/>	Amount outstanding <input type="text"/>

Corporate / Personal guarantees provided for credit facilities in the names of other persons / entities	Borrower's name <input style="width:95%;" type="text"/>	ID Number <input style="width:100%; height: 20px;" type="text"/>
	Lender's name <input style="width:95%;" type="text"/>	Guarantee Amount <input style="width:95%;" type="text"/>
	Type of facility <input style="width:95%;" type="text"/>	
	Borrower's name <input style="width:95%;" type="text"/>	ID Number <input style="width:100%; height: 20px;" type="text"/>
	Lender's name <input style="width:95%;" type="text"/>	Guarantee Amount <input style="width:95%;" type="text"/>
	Type of facility <input style="width:95%;" type="text"/>	
Collateral / Securities provided for credit facilities in the names of other persons / entities	Borrower's name <input style="width:95%;" type="text"/>	ID Number <input style="width:100%; height: 20px;" type="text"/>
	Lender's name <input style="width:95%;" type="text"/>	Amount outstanding <input style="width:95%;" type="text"/>
	Type of facility <input style="width:95%;" type="text"/>	Collateral provided <input style="width:95%;" type="text"/>
	Borrower's name <input style="width:95%;" type="text"/>	ID Number <input style="width:100%; height: 20px;" type="text"/>
	Lender's name <input style="width:95%;" type="text"/>	Amount outstanding <input style="width:95%;" type="text"/>
	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 - LOAN REQUIREMENT

Loan Purpose	<input style="width:95%;" type="text"/>
Loan Amount	<input style="width:95%;" type="text"/>
Loan Repayment Period, in months	<input style="width:95%;" 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
	<input type="checkbox"/> Include Insurance premium in loan amount
Instructions for disbursement, loan payment and recovery fees	
Account to which loan funds to be deposited	<input style="width:100%; height: 20px;" type="text"/>
Account from which loan repayment to be deducted	<input style="width:100%; height: 20px;" type="text"/>
Account to deduct insurance premium, all fees & charges	<input style="width:100%; height: 20px;" type="text"/>

## SECTION 8 - 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		
<b>Utilization of the property</b>			
Floor	Description of layout	Current Rental	
Ground			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
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

<b>Owner(s) details</b> ( if owners exceed the number provided below, please attach an additional copy of this part & fill this part )	Owner's name <input style="width: 90%;" type="text"/> Present Address <input style="width: 90%;" type="text"/> Current address(es) of dependents <input style="width: 90%; height: 40px;" type="text"/>	ID Number <input style="width: 100%; height: 20px;" type="text"/> Age      No. of Dependents <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Asset owned <input style="width: 90%;" type="text"/> Relationship to applicant(s) <input style="width: 90%;" type="text"/>
	Owner's name <input style="width: 90%;" type="text"/> Present Address <input style="width: 90%;" type="text"/> Current address(es) of dependents <input style="width: 90%; height: 40px;" type="text"/>	ID Number <input style="width: 100%; height: 20px;" type="text"/> Age      No. of Dependents <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Asset owned <input style="width: 90%;" type="text"/> Relationship to applicant(s) <input style="width: 90%;" type="text"/>

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## 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; letter should cover below points 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>RENTAL INCOME</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 (for partnerships only)	<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 C)	<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 C)	<input type="checkbox"/>
<b>OTHER INCOME</b>	Copy	Relavents documents for the verification of income	<input type="checkbox"/>
<b>SECTION C - FINANCIAL STATEMENTS</b>			
<b>FINANCIAL STATEMENTS</b>	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"/>
		Cashflow statement for the past 12 months	<input type="checkbox"/>

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		SECTION D - TAX DOCUMENTS	
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"/>
		Up to date Tax Clearance Report	<input type="checkbox"/>
		SECTION E - 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"/>
	Copy	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"/>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y					
Information verified by:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y					
Information input to system by:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y					

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