



**HOME FINANCING APPLICATION FORM**  
**( UNDER THE ISLAMIC CONCEPT OF DIMINISHING MUSHARAKA )**

Please complete the information below to request Mandate or Authority

**MAIN APPLICATION SECTION**

**Personal Details**

Name Mr./Mrs./Ms. ....  
(as it appears on your NID)

NID (new) ..... Nationality:.....

Father's/Husband's Name: .....

Gender  Male  Female  
(Please tick appropriate box)

Educational Qualification  Masters & above  Inter/A levels  
(Please tick appropriate box)  Bachelors  Metric/O levels  
 Diploma  Adv Diploma

Institution: .....

Marital Status:  Single  Married  Divorced  Widowed  
(Please tick appropriate box)

No. of Dependants: .....

**Residential Details**

Present Address: .....

Residential Status  Owned (UnderFinancing)  Owned (Unencumbered)  
(Please tick appropriate box)  Rented  Parent's  
 Other(Please Specify) .....

If Rented/Under Financing (Monthly Commitment).....

Residing Since ..... Years ..... Months.....

Telephone(s) .....  Prefers .....

Mobile .....  Prefers .....

Personal Email .....

**Financing Requirement**

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**Financing Details**

Financing amount-MVR..... ( %)

Equity participating-MVR..... ( %)

Details of owners contribution – Bank/Spent on building/Cash in hand .....

Period of financing ..... month

**Employment Details**

**For Salaried Individuals Only**

Occupation/Profession .....

Type of Industry .....

Employer/Company Name .....

Employer Status (Please tick appropriate box)

<input type="checkbox"/> Govt.	<input type="checkbox"/> Semi Govt.	<input type="checkbox"/> Public Limited	<input type="checkbox"/> Private Ltd.
<input type="checkbox"/> Proprietor/Partnership	<input type="checkbox"/> Other(Please specify) .....		
<input type="checkbox"/> Contract	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	

\*Attach a copy of employment letter

Designation ..... Date of Joining .....

Office Address .....

Office Tel.(direct) .....

Office Email .....

Previous Employer's Name .....

Duration previous Employment ..... Years..... Months.....

Total Working Experience ..... Years..... Months.....

**Self Employed / Professionals**

Occupation/Profession .....

Type of Industry .....

Company Business Name .....

Designation ..... Establishment Date .....

Corporate Status (Please tick appropriate box)

<input type="checkbox"/> Public Ltd	<input type="checkbox"/> Private Ltd	<input type="checkbox"/> Proprietor /Partnership
<input type="checkbox"/> Other (please Specify) .....		

Office/Business address .....

Office Premises (Please tick appropriate box)

<input type="checkbox"/> Rented	<input type="checkbox"/> Owned (Under/Financing)	<input type="checkbox"/> Owned (Unencumbered)
<input type="checkbox"/> Other (Please specify) .....		

If Rented/Under Financing (Monthly Commitment).....

Office Tel.(direct) ..... Office Fax .....

Office Email .....

Factory Address .....

Telephone(Factory) .....

## Monthly Income and Expenditure Details

### **For Salaried Individuals and Self Employed Professionals**

**Income**

Salary (MVR) .....

Rent Apartment (MVR) .....

Business (MVR) .....

Other Income (MVR) .....

Total Income (MVR) .....

**Expenditure**

Family Outgoing (MVR) .....

Bills (electricity, water etc) (MVR) .....

Monthly Installment on Current Banking Facility (MVR) .....

Other Deductions (MVR) .....

Total Expenditure (MVR) .....

Net Monthly Surplus (MVR) .....

### **Existing Banking Facilities With Other Banks**

**Credit/Financing Facility**

Bank Name	Facility Type/Purpose	Limit / Since	Outstanding

**Deposit**

Bank Name	Account Type	Branch	Operation Since

**Credit Card**

Bank Name	Card Type	Limit	Outstanding

I hereby confirm that I have no other outstanding Bank facility with any other Banks.



**CO-APPLICANT SECTION**

**Personnel Details**

Name Mr./Mrs./Ms. ....  
(as it appears on your NID)

NID (new) ..... Nationality: .....

Father's/Husband's Name: .....

Relationship with the main applicant .....

Gender  Male  Female

Educational Qualification  Masters & above  Inter/A levels  
(Please tick appropriate box)

Educational Qualification  Bachelors  Metric/O levels

Diploma  Adv Diploma

Institution: .....

Marital Status:  Single  Married  Divorced  Widowed  
(Please tick appropriate box)

No. of Dependants: .....

**Residential Details**

Present Address: .....

Residential Status  Owned (UnderFinancing)  Owned (Unencumbered)  
(Please tick appropriate box)

Rented  Parent's

Other(Please Specify) .....

If Rented/Under Financing (Monthly Commitment).....

Residing Since ..... Years ..... Months.....

Telephone(s) .....  Preferres .....

Mobile .....  Preferres .....

Personal Email .....

Permanent Residential Address: .....

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**Employment Details**

**For Salaried Individuals Only**

Occupation/Profession .....

Type of Industry .....

Employer/Company Name .....

Employer Status (Please tick appropriate box)
 Govt.  Semi Govt.  Public Limited  Private Ltd.
 Proprietor/Partnership  Other(Please specify)
 Contract  Full Time  Part Time

\*Attach a copy of employment letter

Designation ..... Date of Joining .....

Office Address .....

Office Tel.(direct) .....

Office Email .....

Previous Employer's Name .....

Duration previous Employment ..... Years ..... Months .....

Total Working Experience ..... Years ..... Months .....

**Self Employed / Professionals**

Occupation/Profession .....

Type of Industry .....

Company Business Name .....

Designation ..... Establishment Date .....

Corporate Status (Please tick appropriate box)
 Public Ltd  Private Ltd  Proprietor /Partnership
 Other (please Specify) .....

Office/Business address .....

Office Premises (Please tick appropriate box)
 Rented  Owned (Under/Financing)  Owned (Unencumbered)
 Other (Please specify) .....

If Rented/Under Financing (Monthly Commitment).....

Office Tel.(direct) ..... Office Fax .....

Office Email .....

Factory Address .....

Telephone(Factory) .....

## Monthly income and Expenditure Details

### For Salaried Individuals and Self Employed Professionals

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**Income**

Salary (MVR) .....

Rent Apartment (MVR) .....

Business (MVR) .....

Other Income (MVR) .....

Total Income (MVR) .....

**Expenditure**

Family Outgoing (MVR) .....

Bills (electricity, water etc) (MVR) .....

Monthly Installment on Current Banking Facility (MVR) .....

Other Deductions (MVR) .....

Total Expenditure (MVR) .....

Net Monthly Surplus (MVR) .....

### Existing Banking Facilities With Other Banks

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**Credit/Financing Facility**

Bank Name	Facility Type/Purpose	Limit / Since	Outstanding

**Deposit**

Bank Name	Account Type	Branch	Operation Since

**Credit Card**

Bank Name	Card Type	Limit	Outstanding

I hereby confirm that I have no other outstanding Bank facility with any other Banks.



**Property Details**

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Kindly provide details of the property for which you require financing.

**Name of existing property Owner(s)**

Name (Owner) .....

NIC# .....

Address .....

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Property details (Name & Description) .....

Property Age (Years) ..... Covered Area .....

Land Area ..... Build-up Area .....

Additional collateral if any .....

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Gurantor details if any.....

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\*Attach a copy of property registration

**Reference Details**

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Kindly provide two references, one of an office colleague / friend and another of an immediate relative

**Office Colleague/friend**

Name .....

NID # .....

Res.Address .....

City ..... Country.....

Res.Tel. .... Office Tel. ....

Name .....

NID # .....

Res.Address .....

City ..... Country.....

Res.Tel. .... Office Tel. ....

**Certification**

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I/we do hereby submit this application requesting for MIB Retail Financing. I/we confirm our capability to complete all the formalities and give cheques as and when required by MIB. I/we do understand that MIB will have to involve external agency/ies while processing our application. I/we undertake to pay all cheques when demanded. I/we also confirm that I/we shall not claim any refund or any part of this payment even if MIB, in its sole discretion, reject my/our application. On the acceptance of our/my application, I/we will open an account with MIB in my/our name and I/we irrevocably instruct MIB to debit my/our account any time to recover charges related to this facility. I/we certify that all information given above is true and accurate to the best of my/our knowledge and belief. I/we hereby authorize MIB to directly, or through its agents, contact my places of residence/work and/or reference to verify the authenticity of the information provided by me/us above.

Application Date..... Place .....

.....  
 Applicant Signature Co-Applicant Signature(if any)

.....  
 Applicant Name (as per NID) Co-Applicant Name (as per NID)

MIB reserves the right to reject this financing application without assigning any reason.

FOR BANK USE ONLY	
Department Name .....	
Date of Receiving .....	City .....
Ref No: .....	
Bank Account No: .....	
Bank Officer's Signature .....	