

CONSUMER FINANCE

Application Form

				REFERENCE NUMBER			
SECTION 1 TYPE OF FACILITY (tick where applicable)							
Facility Type	New		Top-up				
Lease Facility	Fase	yha Lease	Direct Lease	Green Le	ease		
Loan Facility	Fase	yha Loan	Direct Loan	Green Lo	oan		
SECTION 2 APPLICANT'S DETAILS (INDIVIDUAL) If more than one applicant, please attach an additional copy of sect 2 to section 7 for each applicant.					n additional copy of section		
Full Name							
ID Card No.		Con	tact Number				
E-mail Address							
Permanent Address							
Present Address	Present Address						
SECTION 3 EMPLOYER DETAILS							
Organization	on						
Designation	Length of service M M Y Y			M M Y Y			
HR Contact Full Name	Contact Number						
SECTION 4 EXISTING FACILITIES							
Bank/ Financier	Facility Type	Approved Limit	Outstar	nding Balance	Security		
SECTION 5 PROPOSED FACILITY REQUIREMENT							
Facility Amount (MVR)			Tenure (mo	onths)			
Purpose							
Bank account to which loan funds to be deposited							
Name of account holder							
Bank							

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SECTION 6	SUARANTOR DETAILS	If the number of guarantors exceed t	he provided slots, please att	ach an additional copy of this page
Full Name	JOAKANTOK DETAILS	and complete the following).		
D Card No.				
Permanent address				
Relationship				
Signature				
SECTION 7	ASSETS REQUIRED O	N LEASE (for lease only)		
Type of Assets	Model No.	Supplier/ Vendor	Value	Brand New/ Second Ha
SECTION 8	DECLARATION			
All information pro- information (this includes a line) to assess the continuous and the	des contacting employer eligibility for the applied for at this application is a proper or reserves the right to declude. Correserves the right to declude for the total amount credite and for the facility with the kacilities published on MFLC it and to perform and fulfil	cation is true and correct a or accountant or other bank:	r the facility is granted or cole discretion without stopunt less than the amount of the consent to the consent	and MMA Credit Information on not. ating any reason or explanation at requested by me/us. educting salary. Further, mon- employer to provide details of acation. ble fees I the General Terms and ereby accept the same and
		D D M M Y		

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SECTION 9	REFERRAL DETAILS						
1. Have you ever t	aken a facility from MFLC?	S No					
2. Referred via Social Media Friend/ word of mouth Event/Expo							
	News Shop	HR/Office					
SECTION 10	DECLUBED DOCUMENTS (See See See See See See See See See S						
SECTION 10 REQUIRED DOCUMENTS (tick if submitted)							
Documents Rela	ted to Applicant and Guarantor						
ORIGINAL	1. Fully completed application form	,					
ORIGINAL	2. Customer Information Form (KYC) of the Applicant & G	Guarantor (if KYC Form has not been					
00004	submitted prior or any information has changed).						
СОРУ	3. ID Card Copy of borrower/lessee (s) / Guarantors /Imi	mediate Family Member					
Income Verificat	ion Documents						
	4. Employment letter inclusive of details below (applicat	ole to new customers only)					
	Designation						
ORIGINAL	Employment Duration with date of appointment						
	Basic Salary & other Allowances						
	Official Stamp and Sign						
	5 Salany Slip Stampod						
	5. Salary Slip Stamped						
COPY	Past 06 months Salary Slip						
	Past 12 months for Direct lease/Loan/Guarantor						
СОРУ	6. Bank Statement for the past 12 months for direct loans only						
Proposed Logn/P	roject Related Documents						
СОРУ	7. Quotation (s) - Supplier shall be registered with MFLC- for Lease only						
СОРУ	8. Documentary evidence for green project (e.g. quotation/invoice/official receipt from the seller)						
Other Document							
СОРУ	Documentary evidence to confirm the business exister	nce- for businesses only					
SECTION 11	FOR OFFICE USE ONLY						
1. Funding Amount							
2. Purpose							
3. Loan Tenure							
1 Renayment / Re	ntal Amount						
4. Repayment / Rental Amount							
5. Refinancing Amount- MFLC/ Other Bank 6. Processing Fool/ Decumentation Fool							
6. Processing Fee/ Documentation Fee							
7. Amount to be C	realtea						
8. Others							
Form and supporting documents received by							
Staff ID	Signature	Date					
		D D M M Y Y Y					
Received Date	Approved Date	PO issued/ Disbursed Date					
D D M M							

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