

# HOME FINANCING

## Application Form



**MAAL**

Maldives Finance and Leasing  
Company Private Limited

REFERENCE NUMBER

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### SECTION 1 TYPE OF FACILITY

(Tick where applicable)

Facility Type ☐ Musharakah Mutanaqisah Home - Individuals ☐ Musharakah Mutanaqisah Home - Business

### SECTION 2 APPLICANT DETAILS (INDIVIDUAL)

If more than one applicant, please attach an additional copy of section 2 to section 7 for each applicant.

Full Name	<input type="text"/>													
ID Card No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Contact Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>													
Permanent Address (Street name, Ward, Atoll, Island.)	<input type="text"/>													
	<input type="text"/>													
Present Address (Street name, Ward, Atoll, Island.)	<input type="text"/>													
	<input type="text"/>													

### SECTION 3 APPLICANT DETAILS (BUSINESS)

Business Name	<input type="text"/>													
Registration Number	<input type="text"/>							Contact Person	<input type="text"/>					
E-mail Address	<input type="text"/>							Contact Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Address	<input type="text"/>													
Present Business Address	<input type="text"/>													

#### Shareholder Details

Full Name	ID Card No.	Designation	% of shares
1. <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"/>
2. <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"/>
3. <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"/>
4. <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"/>
5. <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"/>
6. <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"/>
7. <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"/>
8. <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 4		INCOME AND EXPENDITURE DETAILS	
INCOME DETAILS	Monthly Salary	<input type="text"/>	
	Other Income (Business, Rental Income etc.)	<input type="text"/>	
	<b>Total Income</b>	<input type="text"/>	
EXPENDITURE DETAILS	Rental Expenses	<input type="text"/>	
	Household Expenses	<input type="text"/>	
	Existing Loan Repayments	<input type="text"/>	
	<b>Other Expenses</b>	<input type="text"/>	
	<b>Total Expenses</b>	<input type="text"/>	
Net Income (MVR)		<input type="text"/>	
Income Routed Bank Account Number		<input type="text"/>	
Bank		<input type="text"/>	

SECTION 5		BANK ACCOUNT DETAILS	
Bank	Account Number	Account Opened Date	
<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 6		DETAILS OF RELATED BUSINESS	
Name of Company/Business		Registration No.	Registered Date
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 7		EXISTING FACILITIES		
Bank / Financier	Facility Type	Approved Limit	Outstanding Balance	Security
<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"/>	<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 8** PROPOSED PROJECT DETAILSProperty Name to be Financed Street  Landmark **Details of Owners**

Full Name

ID Card No.

1. <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"/>
2. <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"/>
3. <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"/>
4. <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"/>
5. <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"/>
6. <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"/>

Purpose ☐ New Construction ☐ Extension ☐ Renovation ☐ Enhancement ☐ Purchase of land/housing unitLand Area  Number of approved floors Built-up Area  Number of floors to be completed from proposed facility Number of Apartments to be completed from the proposed facility Dwelling  To be rented Total expected Rental Income (MVR) Construction to be carried out by ☐ Contracted ☐ Long Term Lease ☐ Self ☐ Others, please specify **SECTION 9** PROPOSED FACILITY REQUIREMENTFacility Amount  Currency ☐ MVR ☐ USDPurpose Tenure (months)  Grace Period (months) Total Project Cost Source of Equity ☐ Own Funds ☐ Third Party Borrowings ☐ Partnership☐ Others, please specify **SECTION 10** DETAILS OF OWNER'S CONTRIBUTION**10.A FROM SAVINGS**

Bank	Branch	Account Number	Amount
<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"/> <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"/> <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"/>

**10.B OTHER SOURCES**

Down payment/Spent on Building	Cash in hand	Pension Fund	Spent on Land
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 11** COLLATERAL/SECURITY DETAILS**TO BE FILLED FOR HOUSE/COMMERCIAL/LAND**

If the number of properties exceeds the provided slots, please attach an additional copy of this page and complete the following.

Name of property	<input type="text"/>		
Registration No.	<input type="text"/>	Registration No./institution	<input type="text"/>
Location	<input type="text"/>	Total land area	<input type="text"/>
Year Built	<input type="text"/>	Built-up area	<input type="text"/>
Type of Land	<input type="checkbox"/> Private <input type="checkbox"/> State	<input type="checkbox"/> Private/State <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	<input type="checkbox"/> Rent/please specify monthly income	<input type="text"/>
Insured Value	<input type="text"/>	Assets Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 12** GUARANTOR DETAILS If the number of guarantors exceeds the provided slots, please attach an additional copy of this page and complete the following.

Full Name	1. <input type="text"/>	2. <input type="text"/>
ID Card No.	<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"/>
Permanent Address	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>

## 1. Environmental Compliance

Question	Yes	No	N/A
Does your company comply with all applicable environmental laws and permits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company hold required environmental approvals (e.g., ERA clearances)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your company ever been penalized, fined, or cited for any environmental non-compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company generate hazardous waste or emissions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have measures to reduce pollution, waste, or energy consumption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you engaged in activities with high environmental impact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. Social Compliance

Question	Yes	No	N/A
Does your company comply with labour laws and occupational safety standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have there been workplace accidents or labour disputes in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company employ any child or forced labour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide employee welfare, training, or diversity programmes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your operations negatively impact surrounding communities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. Governance &amp; Ethical Conduct

Question	Yes	No	N/A
Does your company have a formal governance structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are financial records properly maintained with updated audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have a clean record with no history of corruption, fraud, or legal sanctions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company comply with AML/CFT, anti-corruption, and anti-bribery laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have internal controls or ethical conduct policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your directors/shareholders confirm that they are not subject to any unresolved regulatory or legal actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4. Prohibited or High-Risk Activities

Please indicate whether your company is involved in any of the following activities (directly or indirectly):

Activity	Yes	No
Production/trade of weapons or military equipment	<input type="checkbox"/>	<input type="checkbox"/>
Environmentally harmful industries (asbestos, unregulated waste, ODS)	<input type="checkbox"/>	<input type="checkbox"/>
Activities causing significant ecological degradation	<input type="checkbox"/>	<input type="checkbox"/>
Illegal fishing, wildlife trade, or unlicensed logging	<input type="checkbox"/>	<input type="checkbox"/>
Activities prohibited by national laws or international conventions	<input type="checkbox"/>	<input type="checkbox"/>

5. ESG Risk Self-Assessment

Do you identify any ESG risks associated with your business operations?

Yes

☐

No

☐

If yes, please describe:

What mitigation measures are currently in place?

SECTION 14 DECLARATION

By submitting this application form, I/We agree and warrant that:

1. All information provided in/with this application is true and correct and I/we authorize MFLC to verify this information (this includes contacting employer or accountant or other banks, relevant individuals and MMA Credit Information Bureau) to assess the eligibility for the applied facility.
2. I/We understand that this application is a property of MFLC regardless whether the facility is granted or not.
3. I/We agree that MFLC reserves the right to decline/reject this application at its sole discretion without stating any reason or explanation whatsoever.
4. I/We agree that MFLC reserves the right to grant the facility or disburse an amount less than the amount requested by me/us.
5. I/We agree that MFLC will not be held liable for any damages incurred due to the outcome of this application.
6. I/We agree to pay all applicable fees directly to MFLC.
7. I/We agree that funds from the facility to be deposited to the customer/supplier/developer/contractor is as per the terms agreed by MFLC and the customer upon evaluation. **No**
8. I/We agree to take Takaful cover for the property or asset/s under financing for the whole tenure from my/our own funds and share the policy with MFLC.
9. I/We confirm that I/we have read and understood the product features and related information provided for the applied facility.

Full Name

ID Card No.

Signature

Full Name

ID Card No.

Signature

Full Name

ID Card No.

Signature

Full Name

ID Card No.

Signature

Full Name

ID Card No.

Signature

## 15. a. Referral Details

1. Have you ever taken a facility from MFLC? ☐ Yes ☐ No
2. Referred via ☐ Social Media ☐ Friend/ word of mouth ☐ Event/ Expo  
☐ News ☐ Shop ☐ HR/ Office

## b. Staying in Touch with MFLC

1. Please indicate your preference by ticking one option below:

- ☐ I/We agree to MFLC contacting me/us with information on products, services, promotions, and updates via phone calls, SMS, email, or other electronic communication channels.
- ☐ I/We do not agree to receiving marketing or promotional communications from MFLC.  
I/We understand that this preference may be changed at any time by notifying MFLC.

## SECTION 16 FOR MFLC OFFICE USE ONLY

Form and supporting documents received by

Staff ID

Staff Name

Date

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

Signature

Stamp

SECTION 17		REQUIRED DOCUMENTS	(Tick if submitted)
<b>Identity Proof</b>			
<input type="checkbox"/>	COPY	1. Valid ID card of Applicants, Guarantors, and Shareholders, Directors and Partners of the business.	
<b>Business Registration Proof</b> Sole Proprietors, Partnerships & Companies			
<input type="checkbox"/>	COPY	1. Business Registration Certificate.	
<input type="checkbox"/>	COPY	2. Business Profile Sheet from Ministry of Economic Development (MED)- Profile sheet verification code shall be provided.	
<input type="checkbox"/>	COPY	3. Memorandum and Articles of Association.	
<input type="checkbox"/>	COPY	4. Parent/holding company shall provide the same documents highlighted in this section including valid ID card copy of shareholders & directors ( for partnership & companies).	
<b>Applicant Background Information</b>			
<input type="checkbox"/>	COPY	1. Business Plan/Business Overview (including business background, shareholders, directors and management profile, product & services and operational plans, SWOT - format provided)	
<b>Information Forms Required</b>			
<input type="checkbox"/>	ORIGINAL	1. Completed Customer Information Form (KYC) for Individual - to be filled by the Applicants, Guarantors, Business owners, Shareholders, Directors and Partners of the business.	
<input type="checkbox"/>	ORIGINAL	2. Completed Customer Information Form (KYC) for Business - to be filled in the name of the business.	
<input type="checkbox"/>	ORIGINAL	3. Corporate Guarantee Forms - to be filled by parent/holding company and Corporate Guarantor (if applicable).	
<input type="checkbox"/>	ORIGINAL	4. Personal Guarantee Forms - to be filled by Directors/Partners of the business and Personal Guarantor (if applicable).	
<b>Income Proof (For Individuals)</b>			
<input type="checkbox"/>	ORIGINAL	1. Employment letters/salary slips (12 months), if applicable.	
<input type="checkbox"/>	COPY	2. Rental Agreements.	
<b>Financial Information (For Business)</b>			
<input type="checkbox"/>	COPY	1. Audited Financials for the past 2 years.	
<input type="checkbox"/>	ORIGINAL	2. Management accounts for the current year.	
<input type="checkbox"/>	ORIGINAL	3. Projected Cash flow for minimum 5 years.	
<input type="checkbox"/>	ORIGINAL	4. Net worth statement of all the directors of the business.	
<input type="checkbox"/>	ORIGINAL	5. Accounts receivable and account payable ageing statement (format provided).	
<b>Tax Related Information (For Business)</b>			
<input type="checkbox"/>	COPY	1. GST/TGST and Income Tax Registration Certificate.	
<input type="checkbox"/>	ORIGINAL	2. GST /TGST and Income Tax return statement with vouchers of the business for the past 1 year.	
<input type="checkbox"/>	ORIGINAL	3. Latest Tax Clearance Report.	
<b>Proposed Facility/Project Related Information</b>			
<input type="checkbox"/>	COPY	1. Project Breakdown, Quotations, Invoices or full BOQ (with summary breakdown).	
<input type="checkbox"/>	COPY	2. Approved drawings with architectural checkers certificate & structural checkers certificate.	
<input type="checkbox"/>	COPY	3. Construction Permit.	
<input type="checkbox"/>	COPY	4. Proof of Equity Investment with the supporting documents.	
<input type="checkbox"/>	COPY	5. Contractor Agreement for the project.	
<input type="checkbox"/>	COPY	6. Work schedule, payment schedule and disbursement plan.	
<input type="checkbox"/>	COPY	7. Rent forecasts.	
<input type="checkbox"/>	COPY	8. Documentary evidence for green project (e.g: quotation/invoice/official receipt from the seller).	
<b>Collateral Related Information</b>			
<input type="checkbox"/>	COPY	1. ID Card of property owner(s).	
<input type="checkbox"/>	COPY	2. Registry of the collateral.	
<input type="checkbox"/>	ORIGINAL	3. No Objection Letter from the owner(s), if different from the applicant.	
<b>Other Information</b>			
<input type="checkbox"/>	COPY	1. Bank Account Statement for the past 12 months.	
<input type="checkbox"/>	COPY	2. Any other information relevant to the facility application.	