

CORPORATE FINANCE

Home Loan/ Fahi Personal Loan Application Form

REFERENCE NUMBER

SECTION 1	TYPE OF FACILITY (tick where applicable)	
Loan Facilities	<input type="checkbox"/> Fahi Personal Loan	<input type="checkbox"/> Home Loan

SECTION 2	APPLICANT'S 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"/>	Contact Number	<input type="text"/>
E-mail Address	<input type="text"/>		
Permanent Address	<input type="text"/>		
Present Address	<input type="text"/>		

SECTION 3	APPLICANT'S DETAILS (BUSINESS)		If more than one applicant, please attach an additional copy of section 3 to section 7 for each applicant.
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"/>
Registered Address	<input type="text"/>		
Present Business Address	<input type="text"/>		
Shareholder Details			
Full Name	ID Card No.	Designation	% of shares
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

SECTION 4		INCOME & EXPENDITURE DETAILS
INCOME DETAILS	Monthly Salary	<input type="text"/>
	Other Income (Business, Rental income etc.)	<input type="text"/>
	Total Income (MVR)	<input type="text"/>
EXPENDITURE DETAILS	Rental Expenses	<input type="text"/>
	Household Expenses	<input type="text"/>
	Existing Loan Repayments	<input type="text"/>
	Other Expenses	<input type="text"/>
	Total Expenses (MVR)	<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	If the number of businesses exceed the provided slots, please attach an additional copy of this page and complete the following.
Name of Company/Business	Registration No.	Registered Date	
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	
3. <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"/>

SECTION 8 PROPOSED PROJECT DETAILS (for home loans only)

Property Name to be Financed		<input style="width:100%;" type="text"/>									
Street		<input style="width:100%;" type="text"/>				Landmark		<input style="width:100%;" type="text"/>			
Details of Owners		Full Name						ID Card No.			
		<input style="width:100%;" type="text"/>						<input style="width:100%;" type="text"/>			
		<input style="width:100%;" type="text"/>						<input style="width:100%;" type="text"/>			
Purpose		<input type="checkbox"/> New Construction		<input type="checkbox"/> Extension		<input type="checkbox"/> Renovation		<input type="checkbox"/> Enhancement		<input type="checkbox"/> Purchase of land/ housing unit	
Land Area		<input style="width:100%;" type="text"/>				Built up area		<input style="width:100%;" type="text"/>			
Number of Approved Floors		<input type="text"/> <input type="text"/>		Number of Floors to be Completed from Proposed Loan		<input type="text"/> <input type="text"/>					
Number of Apartments to be Completed from Proposed Loan		Dwelling <input type="text"/> <input type="text"/>		To be rented <input type="text"/> <input type="text"/>		Total Expected Rental Income (MVR)		<input style="width:100%;" type="text"/>			
Construction to be Carried out by		<input type="checkbox"/> Contracted		<input type="checkbox"/> Long Term Lease		<input type="checkbox"/> Self		Other, please specify		<input style="width:100%;" type="text"/>	

SECTION 9 PROPOSED FACILITY REQUIREMENT

Facility Amount		<input style="width:100%;" type="text"/>				Currency		<input type="checkbox"/> MVR		<input type="checkbox"/> USD	
Purpose		<input style="width:100%;" type="text"/>									
Tenure (months)		<input type="text"/> <input type="text"/>		Grace Period (months)		<input type="text"/> <input type="text"/>					
Equity Invested		<input style="width:100%;" type="text"/>				Equity to be invested		<input style="width:100%;" type="text"/>			
Total Project Cost		<input style="width:100%;" type="text"/>									
Source of Equity											
<input type="checkbox"/> Own funds		<input type="checkbox"/> Third party borrowings									
<input type="checkbox"/> Partnership		<input type="checkbox"/> Others, please specify		<input style="width:100%;" type="text"/>							

SECTION 10 COLLATERAL/SECURITY DETAILS

10.a To be filled for house/ commercial/ land (if more than one property, please fill and submit a copy of this part for each property)

Name of property		<input style="width:100%;" type="text"/>									
Registration No.		<input style="width:100%;" type="text"/>				Registration at/ institution.		<input style="width:100%;" type="text"/>			
Location		<input style="width:100%;" type="text"/>				Total land area		<input style="width:100%;" type="text"/>			
Year Built		<input style="width:100%;" type="text"/>				Built-up area		<input style="width:100%;" type="text"/>			
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/ Please specify monthly income					
		<input type="checkbox"/> Leased		<input style="width:100%;" type="text"/>							
Insured value		<input style="width:100%;" type="text"/>				Asset insured		<input type="checkbox"/> Yes		<input type="checkbox"/> No	

10.b FOR VESSELS		If the number of vessels exceed the provided slots, please attach an additional copy of this page and complete the following	
Name of vessel	<input type="text"/>	Registry no.	<input type="text"/>
Type of vessel	<input type="text"/>	Year built	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Usage	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial	Length	<input type="text"/>
Declared value	<input type="text"/>	Asset insured	Yes <input type="checkbox"/> No <input type="checkbox"/>

10.c FOR TOURIST RESORTS		If the number of resorts exceed the provided slots, please attach an additional copy of this page and complete the following	
Name of resort	<input type="text"/>	Registered no.	<input type="text"/>
Location	<input type="text"/>	No. of rooms	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Lease expiry 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"/>	Lessee Name	<input type="text"/>
ID Card No. (if individual)	<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"/>	Registration no. (if company)	<input type="text"/>
Declared value	<input type="text"/>	Asset insured	Yes <input type="checkbox"/> No <input type="checkbox"/>

10.d OWNERSHIP DETAILS		If the number of owners exceed the provided slots, please attach an additional copy of this page and complete the following			
	Owner 1	Owner 2	Owner 3	Owner 4	
Full Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ID Card No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Present Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship to Borrower(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
No. of Dependents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

10.e FOR HEAVY VEHICLES & EQUIPMENT		If the number of assets exceed the provided slots, please attach an additional copy of this page and complete the following	
Type of property	<input type="text"/>	Registered no.	<input type="text"/>
Location	<input type="text"/>		
Owner/ Lessee Name	<input type="text"/>		
ID card no. (if individual)	<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"/>	Registration no. (if company)	<input type="text"/>
Declared value	<input type="text"/>	Asset insured	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 11		GUARANTOR DETAILS		If the number of guarantors exceed the provided slots, please attach an additional copy of this page and complete the following).	
Full Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/> <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"/>
Permanent address	<input type="text"/>		<input type="text"/>		
Relationship	<input type="text"/>		<input type="text"/>		
Signature	<input type="text"/>		<input type="text"/>		

SECTION 12 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 loan 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 understand that the total amount credited to my bank account will be after deduction of applicable fees.

Name (for Business, as in Business Registration, for Individuals, as in ID Card)

Signature

Company seal

Date

D	D	M	M	Y	Y	Y	Y
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SECTION 13 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

SECTION 14 FOR OFFICE USE ONLY

Form and supporting documents received by

Staff ID

Staff Name

Date

D	D	M	M	Y	Y	Y	Y
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Signature

Stamp

SECTION 15

DOCUMENT CHECKLIST (tick if submitted)

Identity Proof		
COPY	1.	Valid ID card of Applicants, Guarantors, and Shareholders, Directors and Partners of the business.
Business Registration Proof		
Sole Proprietors, Partnerships & Companies		
COPY	1.	Business Registration Certificate
COPY	2.	Business Profile Sheet from Ministry of Economic Development (MED)- Profile sheet verification code shall be provided
COPY	3.	Memorandum and Articles of Association
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)
Applicant's Background Information		
COPY	1.	Business Plan/Business Overview (including business background, shareholders, directors and management profile, product & services and operational plans, SWOT -format provided)
Information Forms Required		
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
ORIGINAL	2.	Completed Customer Information Form (KYC) for Business - to be filled in the name of the business
ORIGINAL	3.	Corporate Guarantee Forms- to be filled by parent/holding company and Corporate Guarantor (if applicable)
ORIGINAL	4.	Personal Guarantee Forms- to be filled by Directors/Partners of the business and Personal Guarantor (if applicable)
Income Proof (for Individuals)		
ORIGINAL	1.	Employment letters/salary slips (12 months), if applicable
COPY	2.	Rental agreements
Financial Information (for Business)		
COPY	1.	Audited Financials for the past 2 years
ORIGINAL	2.	Management accounts for the current year
ORIGINAL	3.	Projected Cash flow for minimum 05 years
ORIGINAL	4.	Net worth statement of all the directors of the business
ORIGINAL	5.	Accounts receivable and account payable ageing statement (format provided)
Tax Related Information (for Business)		
COPY	1.	GST/TGST and Income Tax Registration Certificate
ORIGINAL	2.	GST/TGST and Income Tax return statement with vouchers of the business for the past one year
ORIGINAL	3.	Latest Tax Clearance Report
Proposed Loan/Project Related Information		
COPY	1.	Project Breakdown, Quotations, Invoices or full BOQ (with summary breakdown)
COPY	2.	Approved drawings with architectural checkers certificate & Structural checkers certificate
COPY	3.	Construction Permit
COPY	4.	Proof of Equity Investment with the supporting documents
COPY	5.	Contractor Agreement for the project
COPY	6.	Work Schedule, payment schedule and Disbursement plan
COPY	7.	Rent forecasts
Collateral Related Information		
COPY	1.	ID Card of property owner(s)
COPY	2.	Registry of the collateral
ORIGINAL	3.	No Objection Letter from the owner, if different from the applicant
Other Information		
COPY	1.	Bank Account Statement for the past 12 months
COPY	2.	Any other information relevant to the loan application