

# Loan Application Form

DESIRED LOAN AMOUNT (RM)

20,000

ANNUAL INCOME (RM)

54,000

PERIOD

3 Years

LOAN TYPE:

Personal Loan

USED FOR:

Medical expense

CONTACT INFORMATION

NAME : NUR ABILAH BINTI ZUL

MYKAD/PASSPORT.NO :980118020088

ADDRESS : 54A, TAMAN SRI PANTAI, 05150, JALAN LENCONG TIMUR 3, ALOR SETAR, KEDAH

PHONE NO : 010-283 8829

EMAIL : ABILAHNUR2@GMAIL.COM

BIRTH DATE : 18/01/1998

MARITAL STATUS : MARRIED

NUMBER OF FAMILY MEMBERS : 5 MEMBERS

BANK REFERENCES

INSTITUTION NAME: MAYBANK

ADDRESS : MENARA MAYBANK, 100 JALAN TUN PERAK, 50050 KUALA LUMPUR, MALAYSIA

PHONE NO :+603 7844 3696

SAVING ACCOUNT: 1927-197-187

I confirm that all information presented in this application is true, accurate and complete as of the date of this application submission.

SIGN: \_\_\_\_\_

