



|   |  |   |
|---|--|---|
| TITLE:  | FULL NAME:   | (as per identification card)  |
| IDENTIFICATION NO:  | i. New Identity Card <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"/> | OCCUPATION: <input type="text"/>  |
|   | ii. Old Identity Card/ Army IC/ Police IC/ Passport <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"/>                | EMPLOYER'S NAME: <input type="text"/>   |
| <u>HOMETOWN ADDRESS:</u>  |  | <u>EMPLOYER'S ADDRESS:</u>  |
| ADDRESS <input type="text"/>  |  | ADDRESS <input type="text"/>  |
| POSTCODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | TOWN <input type="text"/>  | POSTCODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOWN <input type="text"/>   |
| STATE <input type="text"/>  | COUNTRY <input type="text"/>   | STATE <input type="text"/>  |
| TEL NO. (H) <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"/>   |  | STATE <input type="text"/>  |
| TEL NO. (H/P) <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"/> |  | MONTHLY INCOME: <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"/> |
|   |  | RETIREMENT AGE: <input type="text"/> years RETIREMENT DATE: <input type="text"/>  |
|   |  | (only if applicable)  |

|                                  |                      |                  |                      |                              |                      |
|----------------------------------|----------------------|------------------|----------------------|------------------------------|----------------------|
| 1. TITLE: _____                  |                      | FULL NAME: _____ |                      | (as per identification card) |                      |
| RELATIONSHIP TO APPLICANT: _____ |                      | TEL NO. (H)      | <input type="text"/> | -                            | <input type="text"/> |
| HOMETOWN ADDRESS: _____          |                      | TEL NO. (O)      | <input type="text"/> | -                            | <input type="text"/> |
|                                  |                      | TEL NO. (H/P)    | <input type="text"/> | -                            | <input type="text"/> |
| POSTCODE                         | <input type="text"/> | TOWN             | _____                |                              |                      |
| STATE                            | _____                | COUNTRY          | _____                |                              |                      |

  

|                                  |                      |                  |                      |                              |                      |
|----------------------------------|----------------------|------------------|----------------------|------------------------------|----------------------|
| 2. TITLE: _____                  |                      | FULL NAME: _____ |                      | (as per identification card) |                      |
| RELATIONSHIP TO APPLICANT: _____ |                      | TEL NO. (H)      | <input type="text"/> | -                            | <input type="text"/> |
| HOMETOWN ADDRESS: _____          |                      | TEL NO. (O)      | <input type="text"/> | -                            | <input type="text"/> |
|                                  |                      | TEL NO. (H/P)    | <input type="text"/> | -                            | <input type="text"/> |
| POSTCODE                         | <input type="text"/> | TOWN             | _____                |                              |                      |
| STATE                            | _____                | COUNTRY          | _____                |                              |                      |

|                               |           |  |           |
|-------------------------------|-----------|--|-----------|
| <b><u>MONTHLY INCOME:</u></b> |           | <b><u>MONTHLY EXPENDITURE:</u></b>       |           |
| BASIC SALARY/ INCOME          | RM        | EPF                                      | RM        |
|                               |           |  |           |
| FIXED ALLOWANCE:              |           | SOCSSO                                   |           |
|                               |           |  |           |
| 1) _____                      | RM        | OTHER EXPENDITURE/ FINANCIAL COMMITMENT: |           |
|                               |           |  |           |
| 2) _____                      | RM        | 1) HOUSE                                 | RM        |
|                               |           |  |           |
| 3) _____                      | RM        | 2) VEHICLE                               | RM        |
|                               |           |  |           |
| OTHER INCOME:                 |           | 3) CREDIT CARD                           | RM        |
|                               |           |  |           |
| 1) _____                      | RM        | 4) PERSONAL / OD                         | RM        |
|                               |           |  |           |
| 2) _____                      | RM        | 5) OTHERS:.....                          | RM        |
|                               |           |  |           |
| 3) _____                      | RM        | 6) OTHERS:.....                          | RM        |
|                               |           |  |           |
| <b>TOTAL GROSS INCOME</b>     | <b>RM</b> | <b>TOTAL FINANCIAL COMMITMENT</b>        | <b>RM</b> |
|                               |           |  |           |

| FINANCING FACILITY : |                      |                     |                  |                         |
|----------------------|----------------------|---------------------|------------------|-------------------------|
| TYPE OF FACILITY     | BANK'S NAME & BRANCH | APPROVED LIMIT (RM) | O/S BALANCE (RM) | MONTHLY INSTALMENT (RM) |
|                      |                      |                     |                  |                         |
|                      |                      |                     |                  |                         |
|                      |                      |                     |                  |                         |
|                      |                      |                     |                  |                         |
|                      |                      |                     |                  |                         |

| FINANCING FACILITY: |                     |                  |                         |
|---------------------|---------------------|------------------|-------------------------|
| TYPE OF FACILITY    | APPROVED LIMIT (RM) | O/S BALANCE (RM) | MONTHLY INSTALMENT (RM) |
|                     |                     |                  |                         |
|                     |                     |                  |                         |

### A. PERSONAL DETAILS (CO-APPLICANT)

## B. EMPLOYMENT DETAILS

**PREVIOUS EMPLOYMENT (if any)**

\*To be filled if the applicant has less than 1 year of working experience with the present employer.

### C. SPOUSE DETAILS

Consumer Financing Application Form v4.0\_Apr2020

| D. REFERENCE (Parents or close relatives who are not staying with the applicant)                        |  |                      |  |  |                             |  |  |  |  |
|---|--|----------------------|--|--|-----------------------------|--|--|--|--|
| 1. TITLE: _____   |  | FULL NAME: _____     |  | (as per identification card)   |                             |  |  |  |  |
| RELATIONSHIP TO APPLICANT: _____  |  | TEL NO. (H)          |  | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |                             |  |  |  |  |
| HOMETOWN ADDRESS: _____   |  | TEL NO. (O)          |  | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |                             |  |  |  |  |
| POSTCODE <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> |  | TOWN _____           |  | TEL NO. (H/P)  |                             | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |  |  |  |
| STATE _____   |  | COUNTRY _____        |  |  |                             |  |  |  |  |
| 2. TITLE: _____   |  | FULL NAME: _____     |  | (as per identification card)   |                             |  |  |  |  |
| RELATIONSHIP TO APPLICANT: _____  |  | TEL NO. (H)          |  | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |                             |  |  |  |  |
| HOMETOWN ADDRESS: _____   |  | TEL NO. (O)          |  | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |                             |  |  |  |  |
| POSTCODE <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> |  | TOWN _____           |  | TEL NO. (H/P)  |                             | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |  |  |  |
| STATE _____   |  | COUNTRY _____        |  |  |                             |  |  |  |  |
| E. MONTHLY INCOME AND EXPENDITURE   |  |                      |  |  |                             |  |  |  |  |
| <b>MONTHLY INCOME:</b>  |  |                      |  |  | <b>MONTHLY EXPENDITURE:</b> |  |  |  |  |
| BASIC SALARY/ INCOME  |  | RM                   |  | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |                             | EPF  |  | RM   |  |
| FIXED ALLOWANCE:  |  |                      |  |  |                             | SOCSO  |  | RM   |  |
| 1) _____  |  | RM                   |  | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |                             | OTHER EXPENDITURE/ FINANCIAL COMMITMENT:   |  |  |  |
| 2) _____  |  | RM                   |  | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |                             | 1) HOUSE   |  | RM   |  |
| 3) _____  |  | RM                   |  | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |                             | 2) VEHICLE   |  | RM   |  |
| OTHER INCOME:   |  |                      |  |  |                             | 3) CREDIT CARD   |  | RM   |  |
| 1) _____  |  | RM                   |  | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |                             | 4) PERSONAL / OD   |  | RM   |  |
| 2) _____  |  | RM                   |  | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |                             | 5) OTHERS:.....  |  | RM   |  |
| 3) _____  |  | RM                   |  | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |                             | 6) OTHERS:.....  |  | RM   |  |
| TOTAL GROSS INCOME  |  | RM                   |  | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |                             | TOTAL FINANCIAL COMMITMENT   |  | RM   |  |
|   |  |                      |  |  |                             |  |  | <div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between; align-items: center;"> <span>-</span> </div> |  |
| F. EXISTING BANKING RELATIONSHIP WITH OTHER FINANCIAL INSTITUTIONS                                      |  |                      |  |  |                             |  |  |  |  |
| <b>FINANCING FACILITY:</b>  |  |                      |  |  |                             |  |  |  |  |
| TYPE OF FACILITY  |  | BANK'S NAME & BRANCH |  | APPROVED LIMIT (RM)  |                             | O/S BALANCE (RM)   |  | MONTHLY INSTALMENT (RM)  |  |
|   |  |                      |  |  |                             |  |  |  |  |
|   |  |                      |  |  |                             |  |  |  |  |
|   |  |                      |  |  |                             |  |  |  |  |
|   |  |                      |  |  |                             |  |  |  |  |
| G. EXISTING BANKING RELATIONSHIP WITH BMMB (FOR BANK'S USE)   |  |                      |  |  |                             |  |  |  |  |
| <b>DEPOSIT:</b>   |  | ACCOUNT NO.          |  | ACCOUNT NO.  |                             |  |  |  |  |
| SAVINGS ACCOUNT   |  | 1. _____             |  | 2. _____   |                             |  |  |  |  |
| CURRENT ACCOUNT   |  | 1. _____             |  | 2. _____   |                             |  |  |  |  |
| GIA/FTA   |  | 1. _____             |  | 2. _____   |                             |  |  |  |  |
| <b>FINANCING FACILITY:</b>  |  |                      |  |  |                             |  |  |  |  |
| TYPE OF FACILITY  |  | APPROVED LIMIT (RM)  |  | O/S BALANCE (RM)   |                             | MONTHLY INSTALMENT (RM)  |  |  |  |
|   |  |                      |  |  |                             |  |  |  |  |
|   |  |                      |  |  |                             |  |  |  |  |
|   |  |                      |  |  |                             |  |  |  |  |

**SECURITY****OTHERS (for personal financing/ other financing, if applicable)**

|  |                                       |                                     |  |
|--|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Clean                               | <input type="checkbox"/> GIA/FTA      | <input type="checkbox"/> Unit Trust | <input type="checkbox"/> Gold                    |
| <input type="checkbox"/> Security Deposit                    | <input type="checkbox"/> Stock/Shares | <input type="checkbox"/> Others:    | <input type="checkbox"/> Muamalat Gold-i Account |
| Account No./ Reference No./<br>Certificate No./ Receipt No.: | Name/ Remark<br>(if applicable)       | Security Value (RM):                |  |
| 1. _____   | _____                                 | _____ ( %)                          |  |
| 2. _____   | _____                                 | _____ ( %)                          |  |
| 3. _____   | _____                                 | _____ ( %)                          |  |
| 4. _____   | _____                                 | _____ ( %)                          |  |

**FOR BANK'S USE****FINANCING TERMS**

|  |   |
|--|---|
| FINANCING REQUIRED: RM _____   | TENURE: _____                                       |
| PERSONAL FINANCING TYPE: _____   | PROFIT RATE: _____ %                                |
| <input type="checkbox"/> Micro <input type="checkbox"/> Cash <input type="checkbox"/> Others:..... | TYPE OF PAYMENT:                                    |
| If Micro, source of payment from:.....   | <input type="checkbox"/> Salary deduction at source |
| FREQUENCY OF PAYMENT:  | <input type="checkbox"/> PPI/ SI from BMMB          |
| <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly                                   | <input type="checkbox"/> PPI/ SI from other Bank    |
| <input type="checkbox"/> Quarterly <input type="checkbox"/> Bullet payment                         | <input type="checkbox"/> Post-dated cheque          |
| <input type="checkbox"/> Half-yearly <input type="checkbox"/> Others:.....                         | <input type="checkbox"/> Payment over counter/CDM   |

**PROPERTY (for house financing/ other financing, if applicable)**

|                                  |  |   |
|----------------------------------|--|---|
| PURCHASE TYPE:                   | <input type="checkbox"/> Purchase From Developer   | <input type="checkbox"/> Own Construction                                     |
|                                  | <input type="checkbox"/> Purchase From Vendor  | <input type="checkbox"/> Re-financing   |
|                                  | <input type="checkbox"/> Auction   |   |
| DEVELOPER'S NAME (if any): _____ |  |   |
| VENDOR'S NAME (if any): _____    |  |   |
| CHARGE BANK (if any): _____      |  |   |
| PROPERTY TYPE:                   | <input type="checkbox"/> Residential   | <input type="checkbox"/> Commercial   |
|                                  | <input type="checkbox"/> Industrial  | <input type="checkbox"/> Vacant Land  |
| PROPERTY SUB TYPE:               | <input type="checkbox"/> Semi-Detached   | <input type="checkbox"/> Terrace/ Link <input type="checkbox"/> Bungalow      |
|                                  | <input type="checkbox"/> Townhouse   | <input type="checkbox"/> Cluster <input type="checkbox"/> Apartment           |
|                                  | <input type="checkbox"/> Condominium   | <input type="checkbox"/> Shophouse <input type="checkbox"/> Shop / Office Lot |
|                                  | <input type="checkbox"/> Commercial Complex  | <input type="checkbox"/> Factory <input type="checkbox"/> Vacant Land         |
| BUILDING TYPE:                   | <input type="checkbox"/> Single Storey   | <input type="checkbox"/> 1 1/2 Storey <input type="checkbox"/> Double Storey  |
|                                  | <input type="checkbox"/> 2 1/2 Storey  | <input type="checkbox"/> Triple Storey <input type="checkbox"/> Others:.....  |
| CONSTRUCTION STATUS:             | <input type="checkbox"/> Completed (If Completed, CF available? YES / NO)  |   |
|                                  | <input type="checkbox"/> Under Construction (Stage of Completion .....%)   |   |
| USE OF PROPERTY:                 | <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Investment <input type="checkbox"/> For Company Use<br>(for director/worker etc.) |   |
| TITLE PARTICULARS:               |  |   |
| TITLE STAGE:                     | <input type="checkbox"/> Individual Title <input type="checkbox"/> Master Title <input type="checkbox"/> Strata Title                              |   |
| TITLE NO./ UNIT NO.:             | _____  | LOT NO. / PLOT NO. : _____  |
| MUKIM :                          | _____  | TOWN / DISTRICT : _____ STATE : _____   |
| PROPERTY ADDRESS:                |  |   |
| ADDRESS _____                    |  |   |
| POSTCODE                         | <input type="text"/>   | TOWN _____  |
| STATE                            | _____  | COUNTRY _____   |

**FOR BANK'S USE**

|  |  |
|--|--|
| DEVELOPER'S STATUS :                   | <input type="checkbox"/> Premier <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 |
|  | <input type="checkbox"/> Contractor (Non-HDA) <input type="checkbox"/> Non Panel <input type="checkbox"/> N/A                    |
| BRIDGING FINANCING BY BMMB ?           | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| LAND USE :                             | <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial                    |
|  | <input type="checkbox"/> Residential <input type="checkbox"/> Mixed <input type="checkbox"/> Mining                              |
| TITLE TRANSFER                         | <input type="checkbox"/> Malay Reserve <input type="checkbox"/> Bumi Lot <input type="checkbox"/> Native Land                    |
| RESTRICTION :                          | <input type="checkbox"/> State Consent <input type="checkbox"/> Not Applicable   |
| LOCATION STATUS :                      | <input type="checkbox"/> High Growth <input type="checkbox"/> Medium Growth <input type="checkbox"/> Low Growth                  |
| LAND STATUS :                          | <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold   |
|  | Leasehold Period: .....years   |
| BUILT UP AREA: _____                   | Leasehold Expiry Date: .....   |
| LAND AREA: _____                       | Remaining Period: .....years   |
| SPA/ PRO-FORMA INVOICE/ AUCTION PRICE: | RM _____   |
| DATE SPA/ PRO-FORMA INVOICE/ AUCTION:  | _____  |
| VALUATION REPORT:                      | <input type="checkbox"/> Full Valuation <input type="checkbox"/> Indicative Valuation  |
| VALUER'S NAME:                         | _____  |
| VALUATION DATE:                        | _____ VALUATION PRICE: RM _____  |

**FINANCING TERMS**

|   |            |               |
|---|------------|---------------|
| FINANCING REQUIRED: RM _____                        | MOF: _____ | TENURE: _____ |
| SUB-PRODUCT TYPE                                    | DURATION   | PROFIT RATE   |
| 1. _____  | _____      | _____         |
| RM _____  | _____      | _____         |
| 2. _____  | _____      | _____         |
| RM _____  | _____      | _____         |
| TYPE OF PAYMENT:                                    |            |               |
| <input type="checkbox"/> Salary deduction at source |            |               |
| <input type="checkbox"/> PPI/ SI from BMMB          |            |               |
| <input type="checkbox"/> PPI/ SI from other Bank    |            |               |
| <input type="checkbox"/> Post-dated cheque          |            |               |
| <input type="checkbox"/> Payment over counter/CDM   |            |               |

**VEHICLE/MACHINERY (for vehicle financing/ other financing, if applicable)**

|                               |   |   |
|-------------------------------|---|---|
| PURCHASE TYPE:                | <input type="checkbox"/> Purchase From Dealer | <input type="checkbox"/> Purchase From Vendor |
|                               | <input type="checkbox"/> Auction              |   |
| DEALER'S NAME (if any): _____ |   |   |
| SALESMAN'S NAME:              | _____   | CONTACT NO: _____                             |
| VENDOR'S NAME (if any): _____ |   |   |
| CHARGE BANK (if any): _____   |   |   |
| VEHICLE/ MACHINERY TYPE:      | <input type="checkbox"/> New                  | <input type="checkbox"/> Unregistered Recond  |
|                               | <input type="checkbox"/> Used                 | <input type="checkbox"/> Registered Recond    |
| MAKE:                         | _____   |   |
| MODEL:                        | _____   |   |
| ENGINE/ SERIAL NO.:           | _____   |   |
| CHASSIS NO.:                  | _____   | C.C. _____                                    |
| YEAR MADE:                    | _____   | COLOUR _____                                  |
| REGISTRATION NO.:             | _____   | REGISTRATION DATE: _____                      |
| HP AGREEMENT (Ref. No.):      | _____   |   |
| USE OF VEHICLE/MACHINERY:     | <input type="checkbox"/> Personal             | <input type="checkbox"/> Commercial           |

**FOR BANK'S USE**

|   |   |
|---|---|
| DEALER STATUS :   | PRO-FORMA INVOICE/<br>AUCTION PRICE: RM _____ |
| <input type="checkbox"/> Panel <input type="checkbox"/> Non-Panel |   |
| <input type="checkbox"/> Direct walk-in                           | DATE PRO-FORMA<br>INVOICE/ AUCTION: _____     |
| VALUATION:  |   |

| VALUER                  | RM | DATE |
|-------------------------|----|------|
| 1. BMMB VALUATION GUIDE |    |      |
| 2.                      |    |      |
| 3.                      |    |      |

**FINANCING TERMS**

|                                      |          |   |
|--------------------------------------|----------|---|
| CASH PRICE                           | RM _____ | DEPOSIT RM _____                                    |
| FINANCING REQUIRED                   | RM _____ | MOF _____ %   |
| PROFIT RATE (FLAT)                   | _____ %  | DURATION _____ YEARS                                |
| EFFECTIVE YIELD (IRR)                | _____ %  | TYPE OF PAYMENT:                                    |
| PROFIT AMOUNT                        | RM _____ | <input type="checkbox"/> Salary deduction at source |
| TOTAL PAYABLE                        | RM _____ | <input type="checkbox"/> PPI/ SI from BMMB          |
| MONTHLY RENTAL:                      | RM _____ | <input type="checkbox"/> PPI/ SI from other Bank    |
| FINAL INSTALLMENT/<br>SELLING PRICE: | RM _____ | <input type="checkbox"/> Post-dated cheque          |
| DEALER'S HANDLING FERM               | _____    | <input type="checkbox"/> Payment over counter/CDM   |
|                                      |          | EWP RM _____  |

### FINANCIAL SETTLEMENT & MCRE DEDUCTION:

I hereby agree and authorize the Bank to settle the amounts of existing loans and/or financing and other outstanding balances:-

| A. Financial Settlement |             |                       |                         |                                     |                          |
|-------------------------|-------------|-----------------------|-------------------------|-------------------------------------|--------------------------|
| No.                     | Particulars | Financial Institution | Credited to Account No. | Estimated Balance Outstanding* (RM) | Monthly Instalment* (RM) |
|                         |             |                       |                         |                                     |                          |
|                         |             |                       |                         |                                     |                          |
|                         |             |                       |                         |                                     |                          |
|                         |             |                       |                         |                                     |                          |
|                         |             |                       |                         |                                     |                          |
|                         |             |                       |                         |                                     |                          |
|                         |             |                       |                         |                                     |                          |
| TOTAL SETTLEMENT        |             |                       |                         |                                     |                          |

(\*) Customers are required to provide the current loan / financing statement and/or redemption letter of existing facilities or photocopy of credit cards as proof for settlement references.

I hereby agree and authorize the Bank to deduct the following Moving Costs & Related Expenses (MCRE) and/or Security Deposit (SD) directly from the facility amount:-

| B. MCRE Deduction (For Home Financing only) |                  |            |
|---|------------------|------------|
| No.   | Item             | Total (RM) |
| 1   | MRTT             |            |
| 2   | Legal Fees       |            |
| 3   | Valuation Fee    |            |
| 4   | Security Deposit |            |
| 5   |                  |            |
| 6   |                  |            |
| TOTAL DEDUCTION                             |                  |            |

Disclaimer :

- 1 I shall not make any claim to the Bank with regards to the above irrevocable instructions unless a written consent is hereby given by the Bank.
- 2 I am responsible to inform the exact settlement amount of existing facilities due for settlement. The Bank shall not be responsible if there is any disparity in the settlement amount. I agree to promptly top up any shortfall should the amount stated in this form is not sufficient to settle the outstanding amount of the facilities.
- 3 It is my responsibility to inform my current financiers once payments have been made by the Bank to ensure that my existing financing accounts are fully settled and closed. I hereby agree that the Bank shall not be held liable in the event that my existing financing accounts with my current financiers are not fully settled.

Signed by Customer:

---

Name: \_\_\_\_\_

---

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

FOR BANK'S USE- CROSS SELLING

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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| <p><b>TAKAFUL-PERSONAL ACCIDENT</b></p> <div> <input type="checkbox"/> M-Tiara Prestige Protection<br/>(Plan 1 - Plan 7)             <div> <div>RM</div> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> <div>.</div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> </div> </div>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <p><b>Badal Haji dan Umrah (BHU)</b></p> <div> <input type="checkbox"/> BHU 1             <div> <div>RM</div> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> <div>.</div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> </div> </div> <div> <input type="checkbox"/> BHU 2             <div> <div>RM</div> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> <div>.</div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> </div> </div> |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p><b>Staff Name:</b></p> <div> <div></div> <div></div> </div> <p><b>Staff No:</b></p> <div> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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#### APPLICANT'S DECLARATION

1. I/We hereby declare that the information given in this financing form and other documents are true and I/We do not conceal any information that may affect my/our application.
2. I/We have read the Bank's Personal Data Protection Notice ("Notice") and Product Disclosure Sheet (PDS) before completing this form. By furnishing my/our personal data and signing this form, I/we hereby give my/our consent and agree to the terms of the Notice, to the PDS and to the terms of this form.
3. I/We have not committed any act of bankruptcy as defined under Section 3 of the Bankruptcy Act 1967.
4. I/We hereby authorize the Bank to contact my/our employer or any party to obtain any information required by the Bank.
5. I/We hereby give my/our consent for BMMB to proceed with the credit checking with any credit reference agencies. Pursuant to that, I/We hereby authorize the Bank to give, furnish, divulge or otherwise disclose, to the said credit reference agencies of any information, statements or facts with respect to the matters relating to my/our facility(ies) or account(s) with the Bank.
6. The Bank has the right to decline or reject my/our application should the Bank in its absolute discretion decides that my/our credit appraisal quality does not meet the Bank's requirement. The Bank also has the right to withdraw any of the financing facilities being approved if the information given by me/us is/are false.
7. I/We hereby give my/our unconditional and unequivocal consent for Bank Muamalat Malaysia Berhad ("BMMB") to do the following action for the purposes of account opening or any other relationship establishment with BMMB:-
  - a) Conduct searches on any of my/our credit information, including credit information where I am/we are a joint applicant or to which I am/we are or have been linked and resides in the records of the Credit Reference Agency or any information in the record for the Central Bureau, Bank Negara Malaysia ("BNM") (including the Central Credit Reference Information System (CCRIS), the Dishonoured Cheques Information System (DCHEQS) or any other database or system established by BNM ; and
  - b) Conduct credit check (s) on me/us for credit review, credit evaluation, debt recovery purposes and legal documentation relating to the facilities of contract (s) granted or to be granted by the financiers or other persons on me/us; and
  - c) Use the monitoring applications and obtain new information and updates on me/us and/or my/our company/business from other available sources ; and
  - d) Provide the relevant Credit Reference Agency with my/our personal details with respect to the above matters.
8. I/We hereby agree and confirm that I/We shall not hold BMMB liable or responsible for:
  - a) Any statement, misstatement, inaccuracy or omission of any type of manner contained in the credit information, records and/or credit reports
  - b) BMMB's reliance on such credit information, records and/or credit reports provided by the relevant Credit Reference Agency and Central Bureau, BNM to arrive at a decision in relation to my/our application for credit and credit-related or other products or services of BMMB; and
  - c) Any disclosure of my/our Credit Information by the relevant Credit Reference Agency to any of the other subscribers of Credit Reference Agency and Central Bureau, BNM in connection with the credit reporting services provided.
- 9.. This Consent shall be without prejudice to any other clause in BMMB's Term and Conditions for the operation of the accounts or other products or services of BMMB which I/we have applied for herein and shall remain valid and binding against me/us so long as I/we remain a customer of BMMB.
10. Option and Appointment of Sales Representative (Wakalah) - *[Tawarruq-based Financing only]*  
☐ Leave the commodity at the Bank's possession and hereby irrevocably appoint Bank Muamalat to be my/our representative/agent to sell the commodity to any third party purchaser for the purpose of availing the financing amount.  
☐ Take Delivery of the Commodity.
11. Agreement on Financing of Sales Proceeds (Qard) - *[MCash only]*  
I/We hereby agree to place the commodity sale proceeds as profit free financing under the principal of Qard to Bank Muamalat and to utilize the placement sum for the MCash usage purpose.  
☐ Agree  
☐ Disagree
12. We may use your Personal Data:
  1. to conduct market research and surveys with the aim of improving our products and services;
  2. for marketing purposes, promotional events, competitions and lucky draws.We process your Personal Data for these purposes because it is in the interest of our business to do so with the intention of improving our products and services and generating business. We will not send you marketing material if you have specifically asked us not to do so.  
You have the right to opt out of receiving marketing material at any time. To do so please contact your branch or customer service. If you ask us not to send you marketing material or other promotional or research material, we may need to retain a record that you have asked us not to do so to ensure that you do not receive anything further.

Signed by Customer:

Name:

Name:

Authorised Company Chop & Signature

Date:

Date:

Date:

#### FOR BANK'S USE ONLY

Interviewed by:

Remark (if any):

Name & Staff  
Designation

Date: