

ADVANCE LOAN FORM



Name: _____ Designation: _____
Employee #: _____ Department: _____
Date of Joining: _____ Date of Confirmation: _____
Location: _____ Monthly Gross Salary (PKR): _____

Loan Information

Reason for Loan: _____

Current Provident Fund balance	
Take Home Salary per month (<i>Total Salary after deductions</i>)	
Amount of Loan Requested (<i>Max. 2 basic salaries not exceeding Rs. 500,000</i>)	
Loan Period (<i>max. 18 months from the date of issuance</i>)	
Loan Installment Amount Per Month (<i>max. 50% of take home salary</i>)	

I hereby certify that the information given above is correct to the best of my knowledge and belief, and I undertake to abide by the terms and conditions of this loan facility and Advance Loan Policy announced by UMBL from time to time.

Signature of Applicant _____ Date: _____

Line Manager's Remarks: _____

Line Manager's Name: _____ Signature & Date: _____

Approved By:

Manager HR

CFO

President & CEO