

Loan Application Form



*Branch Name	Date	
[‡] Loan Type	Personal Loan Auto Loan B. Home Loan Home Credit Student Loan Chers	
*Customer Type	New Existing Facility Type New Top up Others	
*Customer Name		
Customer ID	CBL SB/CD Account No	
Loan Account No	Source Cell no.	
Existing Credit Card	Amex Visa Master Others	
*RM/DMT Code	*RM/DMT Name	
The Manager, The City Bank	Limited, Bangladesh.	
*I/we hereby apply for	*loan of SDT (in numbers)	
(in words)		
for the purpose of	for given below are currently valid and au	A STATE OF THE PARTY OF THE PAR
Personal Information (Pri	incipal Applicant Please complete all details in CAPITAL letters or tick (/) boxes where appropriate)	
*Full Name (Mr. /Mrs./Ms.)		
Short Name	*Date of Birth	
*Gender	Male Female (1) Others	
*Marital Status	Single Married Separated Widow Attach recent p	assport o
*Place of Birth	and captures a facility on the financian and advantage and advantage of area for the probability of advantage and	
No of Children	₩ 1 . 2 3+ No of dependents	
⁹ Car Ownership	Own Parents NIL *Directorship with other Bank: No Yes	
*If yes, mention bank name		
*Education Level	SSC A HSC Graduate Post-Graduate Other	
*Father's Name	And the companies from representatively related with propose from Anab and to begin in a mental part of personal part of the proposed and the personal part of the personal part and the personal part	
Profession - Alt Hul	Contact No	
Contact address	representative designation of the second sec	
*Mother's Name		
Profession _ AS	· Contact No	
Contact address	Same as Father's Address	
Spouse's Name	to pay of any or a french to effort and all the rest of the loss and the transfer of the high placement for product of all regulations and the product of the loss and the los	
Profession	Contact No	
Contact address	Same as Spouse's Address	

		100 CO
Contact Details (Please complete all details in *Present Address Owned	CAPITAL letters or tick (-/) boxes wh Family Owned Employer	ere appropriate) Rented
*Address details		
*Area/Police Station	[∞] District/City	Post Code
Land Phone No.	* Mobile No	*Number of months in the Address
E-mail	- Harmer A Call	
*Permanent Address		
*Area/Police Station	^a District/City	Post Code
Land Phone No.	Mobile No	
E-mail		
ID Information		
*National ID / Smart Card	E-TIN No.	
Passport No/Driving License/Birth Registration No		
Professional Information - La Company of the state of the	er ing	
*Profession Salaried Businessman	Landlord Self employed	
*Name of the Employer/ Company/Chamber/Clinic	- Cat-	or, married ventures, building
*Business Ownership Type Proprietorship Partnership	Limited Company Sector Type	
*Employment Status Permanent Contractual	Part-Time * Designation/ Business Nature	
*Department/Location	Land Phone No	
*Mobile No:	* Office Premises Status	Owned Rented : Leased
*Work Address	* Area/Police Station	provide Authority
*District/City	No of employee —— NO	toug
*Length of Present Service/ Bussiess/Practice (years) E-mail	*Total Length of Service	e/Business/Practice month(s)
Previous Designation	Previous employer/ Business name	
Financial information	Particulars	Year Year Year
*Salary/ Business/ Profession net	Sales Turnover	
monthly Income Spouse's Income	Sales Reflection in BS	
Co-Applicant Income	Net Profit	cognition considered
Rent/Interest/Other Income	"Net Worth of the Applica	nt passage /
*Total Income	*Fixed Asset (A)	rtendeA yeappro2".
*Rent & Utility	*Cash/FDR(B)	
* Food & Clothing	*Liability © *Total Value (A+B-C)	
™Tax/Education/Miscellaneous	iotai valua (A+D-C)	
Loan Repayment		
*Total Expense	Tournay ()	

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~		ease complete all details (() noves where applicati	TOTAL TOTAL
	Bank's Name	Account Name	Type of Account	Account Nubmer	Account Since
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ska		DI Any O A	10.		
7.	oan Yes No	Little Ho Scale	mice !		hants
	Lender's Name	Type of facility Disbursed Amour	nt Outstanding EMI	Sanction Date Payment Bel	navior Take Over
					Yes No
					Yes No
					∐ Yes ∐ No
	edit Card Yes N				
- 1.	.:: Issuer's Name	Card/Glient ID LI	mit Outstanding	issue Data Payment8e	havior Uzilization
器	Debit Authority				
5520					
Tre	consideration of granting me/u	s a loan facility, loan a/c no		i/We hereb	y authorize the bank to
del	nit my/our account no		in consecutive mo	onthly installments as on	day or following
ban	king day of each month commenci	ing from the month yea	od hespolitical and singularity		
	Reference (At least one)	elative reference			
333	"Triame	STATE OF THE STATE			
- Jan H		SEE PROPERS			
	Relationship	*Residence Status	fential Own Family Owned	Employer Rented	Others Charles Control of the Contro
	Residence Address				manifest shows
	*Company Name		*De	esignation	
	Acres December				
	*Company Address				Control of September 19
	Land Phone			elidoM*	
	E-mail				
2.	Name				
ä.	tvarne	Tenantal India.			
	Relationship	"Resil	dential Own Family Owned	Employer Rented	Others
	Residence Address				Self-self-self-self-self-self-self-self-s
	*Company Name		*47	designation	
				221871617161	ENDING VESTBERRY CONT.
	*Company Address				amount later viiii U. A mail
	Land Phone			*Wobile	anistro & double
	E-mail				
					ton mornel acol
					The state of the s

四 四	MARRIO	al box reg	Iranuce -	single	
Co-Applicant Information	(Plea e complete	all details it CAPITAL le	tters or tick (✓) boxes v	vhere appropriate)	
*Full Name (Mr. /Mrs./Ms.)				Co-Applicant 10 Internation
Short/Nick Name (if any)		*Dat	e of Birth		
*Gender	Male	Female Others			Passport No/Oriship Commiss/Birth Commission No
*Marital Status	Single	Married Separate	d Widow		Attach recent passport Size Photo
*Place of Birth					
No of Children	<u> </u>	2 3+	No	o of Dependents	
*Car Ownership	Own	Parents NIL 'Di	rectorship with other Ba	nk No Ye	\$
if yes, mention bank name			* Relationshi	ip with Applicant	
*Education Level	ssc _	HSC Graduat	e Post-Graduate	Other	
÷Father's Name					
Profession				Contact No	
*Contact address					mention asptor
*Mother's Name			earclette to ear		ykinahtxar
Profession				Contact No	
*Contact address	Same as Father's Address	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
* ipouse's Name					
Profession				Contact No	
*Contact address	Same as Spouse's Address	Cales Reflection			
Santas Desails					
Present Address	Owned	A) Text A result	Family Owned	£mployer	Rented
*Address details					
*Area/Police Station			°District/City		Post Code
Land Phone No.			*Mobile No		*Number of Months In the Address
E-mail ·					
*Permanent Address					
*Area/Police Station			*District/City		Post Code
Land Phone No.			*Mobile No		
E-mail					



Co-Applicant ID Information (Please complete all details in CAPITAL letters or tick (/) boxes where appropriate)

*National ID / Smart Card

E-TIN No.

Passport No/Driving License/Birth Registration No							
Professional Inform	ation			Comment of the second			To the second
* Profession	Salaried	Businessman	Landlord	Self employed			
*Name of the Employer/ Company/Chamber/Clinic							
*Business Ownership Type	Proprietorship	Partnership	Limited Co	mpany *Sector Type			
₹Employment Status	Permanent	Contractual	Part-Time	*Designation/ Business Nature			
*Department/Location				Land Phone No			
*Mobile No:			4	Office Premises Status	Owned [Rented	Leased
*Work Address				*Area/Police Station			
* District/City			No of employee				
*Length of Present Service/ Bussiess/Practice (years)	E-mail			*Total Length of Ser	vice/Business/Pr	actice month(s)	
Previous Designation			Previous (Business)	employer/ name			
Financial informatio	it	es en la companya de					
				Particulars	Year	Year	Year
				Sales Turnover Sales Reflection			
				Net Profit			
				*Net Worth of the Appl	icat		
				*Fixed Asset (A)	HEROTOR SERVICES		
				*Cash/FDR(B)			
				*Liability (C)			
				*Total Value (A+8-C)			

Date

Date





evarantor Informatio			recars in CAPTAL fetters of tick (3) boxes where appr	
icali Name (Mr. /Mrs./Ms				
hoct/Nick Name (if any)	4		*Date of Birth	
Gender	Male	Female	Others	
Marital Status	Single	Married	Separated Widow	Attach recent passport Size Photo
Place of Birth				
g of Children	1 1	2	3+ No of dependents	
Car Ownerskip	Own	Parents	NIL *Directorship with other Bank No Yes	
yes, mention bank name			*Relationship with Applicant	
ducation Level	SSC SSC	П HSC	Graduate Post-Graduate : Other	
Aker's Name			The Section of the Se	
rofession			Contact No	
ontact address				
lother's Name				
rofession			Contact No	
antact address	Same Father's Addr			
iduse's Name				
Ofession		•	Contact No	
intact address	Same Spouse's Addre			
ritact Details				
nt Address	Owned		Family Owned Employer	Rented
dress uccans				
ra/Police Station			*District/City	Post
I Phone No.			*Mobile No	Code Number of
ii.				*Number of Months in the Address
manent Address				
a/Police Station			*District/City	Post Code
Phone No.			*Mohile No	





Guarantor ID Information (Please complete all details in CAPITAL letters or tick (\checkmark) boxes where appropriate)

*National ID / Smart Card

E-TIN No.

Passport No/Driving License/Birth Registration No

Professional Inform							Service Control
*Profession	Salaried	Businessman	Landlord	Self e	mployed		
*Name of the Employer/ Company/Chamber/Clinic							
*Business Ownership Type	Proprietorship	Partnership	Limited Co	mpany *Sec	ctor Type		
*Employment Status	Permanent	:::: Contractual	Part-Time	Charles of the Control of the Contro	gnation/ s Nature		
*Department/Location				Land P	hone No		
*Mobile No:		Contact No		Office Premis	es Status Owned	Rented	Lease
*Work Address				*Area/Poli	se Station		
*District/City			No of employee		Guarantor Income		
*Length of Present Service/ Bussiess/Practice (years)	E-mail	Contact No	1	*Total L	ength of Service/Business/	/Practice month(s)	
Previous Designation			Previous	employer/ name			
Net Worth of the Gu	rarantor	The state of the s				25.25 Miles	
*Fixed Asset (A)							
*Cash/FDR(B)							
*Liability ©							
*Total Value (A+B-C)							
Guarantor's Loan / Ac	count status wit	n The City Bank			-1)	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
[™] Did you ever apply or enjo	y any loan facility fro	om The City Bank ?	No No	Yes Yes	A/C no		
*Do you have any account t	with The city Bank ?		No No	Yes	A/C no		
I shall notify the bank imme	diately of any change	s to any of the informa	ation stated above.				



Security Details



For Auto Loan Vehicle Details (As per submitted quotation)

Take over

*Brand		* Model	*Color
Engine No		Chassis No	
* Manufacturing Year	*cc	* Price	Status New Recondition
*Vendor's Name			
* Contact Person			
- Address			
*Upazila/Thana		⁻ District	Post Code
Land Phone		₹ Mobile	

Land Phone	[∞] Mobile	
Proposed Property Information	[Applicable only for City Home toan/Credit/Take ov	eri e la
Particulars	Home Loan	Home Credit/Take Over
Name of the Developer		
Building / Project Name	times on is treat so you nearly technic. Sorring visitely front	
Address	awaya whan kidu la rejay the culaturang, riganar mat charges are as a second of the assistant	
Construction Status		on design of the artest in sent on being in make the in-
Apartment No.		
Floor No. / Total Floor		
Size of the Apartment / Floor		
Handover Date		
Property Price		
Land Area		
Land Value		
Already Paid Amount		
Balance to be Paid		
Security Mode		
Outstanding Amount		
Property Age		
Per Sq. ft Price		
Number of Car Parking		
Utility		
Reg. Cost		



SECURITY DETAILS

Type Serial No.

Bank/ Fi Name

Rate

Fav. Beneficiary

Issue Date

Face Value

Present Value

I/we hereby declare that all the information furnished by me/us in this application is true, complete and accurate and that I/we have not withheld any material details. I/We have fully understood that the Bank may approve the facility having relied on such information. If at any time, it proves to the Bank that arty of the information provided by me/us above is /are untrue, false, incomplete or inaccurate the Bank may demand immediate Repayment of the loan and i/we shall be under strict obligation to make such repayment immediately and the Bank may exercise its right of lien and set off to appropriate and adjust any or all deposits maintained by me/us with the Bank. In addition to the above the Bank may take appropriate legal action against me/us.

the understand and acknowledge that the quantum of monthly installment/ quarterly principal + interest payment may be fixed at the Bank's sole discretion. We understand and agree that live and myfour successor, jointly and severally, will always remain liable to repay the outstanding, interest and charges arising out of the facility that the Bank may grant me to/us considering this application. I/we acknowledge that Bank is not bound to grant facilities upon submission of this application from. It is sole discretion of the Bank whether it will allow or grant facilities to me/us on the basis of this application from

