



Quotation Number  
(For Bank Use Only)

## Loan Application Form



\*Branch Name

Date

\*Loan Type

☐ Personal Loan ☐ Auto Loan ☐ Home Loan ☐ Home Credit ☐ Student Loan ☒ Others

\*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 BDT (in numbers)

(in words)

for the purpose of

for

months and certify that all the following information given below are currently valid and authentic.

**Personal Information (Principal 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 ☐ Others

\*Marital Status

☐ Single ☐ Married ☐ Separated ☐ Widow

Attach recent passport  
Size Photo

\*Place of Birth

No of Children

☐ 1 ☐ 2 ☐ 3+

No of dependents

\*Car Ownership

☐ Own ☐ Parents ☐ NIL \*Directorship with other Bank: ☐ No ☐ Yes

\*If yes, mention bank name

\*Education Level

☐ SSC ☐ HSC ☐ Graduate ☐ Post-Graduate ☐ Other

\*Father's Name

Profession

Contact No

Contact address

\*Mother's Name

Profession

Contact No

Contact address

Same as  
Father's Address ☐

Spouse's Name

Profession

Contact No

Contact address

Same as  
Spouse's Address ☐



### Contact Details (Please complete all details in CAPITAL letters or tick (✓) boxes where appropriate)

\* Present Address ☐ Owned ☐ Family Owned ☐ Employer ☐ 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

### ID Information

\* National ID / Smart Card

E-TIN No.

Passport No/Driving License/Birth Registration No

### Professional Information

\* Profession ☐ Salaried ☐ Businessman ☐ Landlord ☐ Self employed

\* Name of the Employer/ Company/Chamber/Clinic

\* Business Ownership Type ☐ Proprietorship ☐ Partnership ☐ Limited Company ☒ Other

\* 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

\* District/City

No of employee

\* Length of Present Service/ Business/Practice (years)

E-mail

\* Total Length of Service/Business/Practice month(s)

Previous Designation

Previous employer/ Business name

### Financial information

Particulars

\* Salary/ Business/ Profession net monthly Income

Spouse's Income

Co-Applicant Income

Rent/Interest/Other Income

\* Total Income

\* Rent & Utility

\* Food & Clothing

\* Tax/Education/Miscellaneous

Loan Repayment

\* Total Expense

Particulars

Year

Year

Year

Sales Turnover

Sales Reflection in BS

Net Profit

\* Net Worth of the Applicant

\* Fixed Asset (A)

\* Cash/FDR(B)

\* Liability ©

\* Total Value (A+B-C)



**Bank Account Details (Please complete all details in CAPITAL letters or tick (✓) boxes where appropriate)**

Bank's Name	Account Name	Type of Account	Account Number	Account Since
<p>*Loan <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Not required</u></p>				
Lender's Name	Type of facility	Disbursed Amount	Outstanding	EMI
		Sanction Date	Payment Behavior	Take Over
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Credit Card <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
Issuer's Name	Card/Client ID	Limit	Outstanding	Issue Date
		Payment Behavior	Utilization	

**Debit Authority**

In consideration of granting me/us a loan facility, loan a/c no \_\_\_\_\_ I/We hereby authorize the bank to  
debit my/our account no \_\_\_\_\_ in consecutive monthly installments as on \_\_\_\_\_ day or following  
banking day of each month commencing from the month \_\_\_\_\_ years

**Reference (At least one relative reference)**

1. \*Name

\*Relationship

\*Residential Status ☐ Own ☐ Family Owned ☐ Employer ☐ Rented ☐ Others

\*Residence Address

\*Company Name

\*Designation

\*Company Address

Land Phone

\*Mobile

E-mail

2. \*Name

\*Relationship

\*Residential Status ☐ Own ☐ Family Owned ☐ Employer ☐ Rented ☐ Others

\*Residence Address

\*Company Name

\*Designation

\*Company Address

Land Phone

\*Mobile

E-mail

☒ ☒ ☒ Additional box required if single applicant to reduce time



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

\*Full Name (Mr./Mrs./Ms.)

Short/Nick Name (if any)

\*Date of Birth

\*Gender ☐ Male ☐ Female ☐ Others

\*Marital Status ☐ Single ☐ Married ☐ Separated ☐ Widow

Attach recent passport  
Size Photo

\*Place of Birth

No of Children ☐ 1 ☐ 2 ☐ 3+

No of Dependents

\*Car Ownership ☐ Own ☐ Parents ☐ NIL \*Directorship with other Bank ☐ No ☐ Yes

\*If yes, mention bank name

\*Relationship with Applicant

\*Education Level ☐ SSC ☐ HSC ☐ Graduate ☐ Post-Graduate ☐ Other

\*Father's Name

Profession

Contact No

\*Contact address

\*Mother's Name

Profession

Contact No

\*Contact address ☐ Same as  
Father's Address

\*Spouse's Name

Profession

Contact No

\*Contact address ☐ Same as  
Spouse's Address

### Contact Details

\*Present Address ☐ Owned ☐ Family Owned ☒ Employer ☐ 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 Information**

\*Profession ☐ Salaried ☐ Businessman ☐ Landlord ☐ Self employed

\*Name of the Employer/  
Company/Chamber/Clinic

\*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:

\*District/City No of employee

\*Length of Present Service/  
Business/Practice (years) E-mail \*Total Length of Service/Business/Practice month(s)

Previous Designation Previous employer/  
Business name

**Financial Information**

Particulars	Year	Year	Year
Sales Turnover			
Sales Reflection			
Net Profit			
<b>*Net Worth of the Applicant</b>			
*Fixed Asset (A)			
*Cash/FDR(B)			
*Liability (C)			
*Total Value (A+B-C)			

Date

Date





**Applicant Information (Please complete all details in CAPITAL letters or tick (✓) boxes where appropriate)**

Full Name (Mr./Mrs./Ms.)

Short/Nick Name (if any)

\*Date of Birth

Gender

☐ Male ☐ Female ☐ Others

Marital Status

☐ Single ☐ Married ☐ Separated ☐ Widow

Attach recent passport  
Size Photo

Place of Birth

No. of Children

☐ 1 ☐ 2 ☐ 3+ ☐ No of dependents

Car Ownership

☐ Own ☐ Parents ☐ NIL \*Directorship with other Bank ☐ No ☐ Yes

Yes, mention bank name

\*Relationship with Applicant

Education Level

☐ SSC ☐ HSC ☐ Graduate ☐ Post-Graduate ☐ Other

Father's Name

Profession

Contact No

Contact address

Mother's Name

Profession

Contact No

Contact address

Same as  
Father's Address ☐

Spouse's Name

Profession

Contact No

Contact address

Same as  
Spouse's Address ☐

**Contact Details**

Home Address

☐ Owned

☐ Family Owned

☐ Employer

☐ Rented

Dress Address

Area/Police Station

\*District/City

Post  
Code

Phone No.

\*Mobile No

\*Number of  
Months in the  
Address

III

Permanent Address

Area/Police Station

\*District/City

Post  
Code

Phone No.

\*Mobile No





**Guarantor 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 Information**

\*Profession

☐ Salaried

☒ Businessman

☐ Landlord

☐ Self employed

\*Name of the Employer/  
Company/Chamber/Clinic

\*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

\*District/City

No of employee

Guarantor Income

\*Length of Present Service/  
Business/Practice (years)

E-mail

\*Total Length of Service/Business/Practice month(s)

Previous Designation

Previous employer/  
Business name

**Net Worth of the Guarantor**

\*Fixed Asset (A)

\*Cash/FDR(B)

\*Liability (C)

\*Total Value (A+B-C)

**Guarantor's Loan / Account status with The City Bank**

\*Did you ever apply or enjoy any loan facility from The City Bank ?

☐ No

☒ Yes

A/C no

\*Do you have any account with The city Bank ?

☐ No

☒ Yes

A/C no

I shall notify the bank immediately of any changes to any of the information stated above.

# Security Details



## For Auto Loan Vehicle Details (As per submitted quotation)

* Brand	* Model	* Color
Engine No	Chassis No	
* Manufacturing Year	* CC	* Price
		Status <input type="checkbox"/> New <input type="checkbox"/> Recondition
* Vendor's Name		
* Contact Person		
* Address		
* Upazila/Thana	* District	Post Code
Land Phone	* Mobile	

## Proposed Property Information (Applicable only for City Home Loan/Credit/take over)

Particulars	Home Loan	Home Credit/Take Over
Name of the Developer		
Building / Project Name		
Address		
Construction Status		
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		
Take over		



# SECURITY DETAILS

Type	Serial No.	Bank/ Fi Name	Rate	Fav. Beneficiary	Issue Date	Face Value	Present Value
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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 any 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.

I/we understand and acknowledge that the quantum of monthly installment/ quarterly principal + interest payment may be fixed at the Bank's sole discretion. I/we understand and agree that I/we and my/our 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