

# Home Loans



Date : .....

CIF (Customer ID) : .....

# Home Loan Application Form

Note : Please complete this application form in **BLOCK LETTERS**

## Customer Information

Applicant	Co Applicant
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	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Others	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Others
Full Name	<input type="text"/>	<input type="text"/>
Father's Name	<input type="text"/>	<input type="text"/>
Mother's Name	<input type="text"/>	<input type="text"/>
Spouse Name	<input type="text"/>	<input type="text"/>
NRC Number	<input type="text"/>	<input type="text"/>
Passport Details	Passport No. <input type="text"/>	Passport No. <input type="text"/>
	Place of issue <input type="text"/>	Place of issue <input type="text"/>
	Date of issue <input type="text"/> / <input type="text"/> / <input type="text"/>	Date of issue <input type="text"/> / <input type="text"/> / <input type="text"/>
	Date of expired <input type="text"/> / <input type="text"/> / <input type="text"/>	Date of expired <input type="text"/> / <input type="text"/> / <input type="text"/>
Date of Birth	D D / M M / Y Y Y Y <input type="text"/> / <input type="text"/> / <input type="text"/>	D D / M M / Y Y Y Y <input type="text"/> / <input type="text"/> / <input type="text"/>
Place of Birth	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	<input type="text"/>	<input type="text"/>
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others (Specify) _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divoced / Seperated <input type="checkbox"/> Widow <input type="checkbox"/> Others (Specify) _____
Number of Dependents	<input type="text"/>	<input type="text"/>
Contact Detail	Email* <input type="text"/>	<input type="text"/>
	Mobile* +95 <input type="text"/>	+95 <input type="text"/>
	Resident* +95 <input type="text"/>	+95 <input type="text"/>
	Office* +95 <input type="text"/>	+95 <input type="text"/>
	Fax No* +95 <input type="text"/>	+95 <input type="text"/>
Current Residential Address	<input type="text"/>	<input type="text"/>
	Township <input type="text"/>	Township <input type="text"/>
	City <input type="text"/>	City <input type="text"/>
	State/Division <input type="text"/>	State/Division <input type="text"/>
	Country <input type="text"/>	Country <input type="text"/>
	Postal Code <input type="text"/>	Postal Code <input type="text"/>

Permanent Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Township <input type="text"/>	Township <input type="text"/>
	City <input type="text"/>	City <input type="text"/>
	State/Division <input type="text"/>	State/Division <input type="text"/>
	Country <input type="text"/>	Country <input type="text"/>
Postal Code <input type="text"/>	Postal Code <input type="text"/>	

<b>Applicant</b>	<b>Co Applicant</b>
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Office / Business Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Township <input type="text"/>	Township <input type="text"/>
	City <input type="text"/>	City <input type="text"/>
	State/Division <input type="text"/>	State/Division <input type="text"/>
	Country <input type="text"/>	Country <input type="text"/>
Postal Code <input type="text"/>	Postal Code <input type="text"/>	

Mailing Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Current Residential	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Current Residential
	<input type="checkbox"/> Office / Business Address		<input type="checkbox"/> Office / Business Address	

Residential Status	<input type="checkbox"/> Self Owned	<input type="checkbox"/> Company provided	<input type="checkbox"/> Self Owned	<input type="checkbox"/> Company provided
	<input type="checkbox"/> Owned by parents	<input type="checkbox"/> Since _____	<input type="checkbox"/> Owned by parents	<input type="checkbox"/> Since _____
	<input type="checkbox"/> Lease		<input type="checkbox"/> Lease	

Education	<input type="checkbox"/> Under graduate	<input type="checkbox"/> Professional	<input type="checkbox"/> Under graduate	<input type="checkbox"/> Professional
	<input type="checkbox"/> Graduate	<input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Graduate	<input type="checkbox"/> Other (please specify) _____
	<input type="checkbox"/> Post Graduate		<input type="checkbox"/> Post Graduate	

Profession / Employment	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Govt	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Govt
	<input type="checkbox"/> Salaried	<input type="checkbox"/> Profes	<input type="checkbox"/> Salaried	<input type="checkbox"/> Profes
	<input type="checkbox"/> Private	<input type="checkbox"/> Retir	<input type="checkbox"/> Private	<input type="checkbox"/> Retir
	<input type="checkbox"/> Public		<input type="checkbox"/> Public	

Profession Details	<input type="checkbox"/> Doc	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Doc	<input type="checkbox"/> Lawyer
	<input type="checkbox"/> Eng	<input type="checkbox"/> Other	<input type="checkbox"/> Eng	<input type="checkbox"/> Other
	<input type="checkbox"/> CA		<input type="checkbox"/> CA	

Self Employed	<input type="checkbox"/> SME	<input type="checkbox"/> Company	<input type="checkbox"/> SME	<input type="checkbox"/> Company
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other

Name of Employer / Firm	<input type="text"/>	<input type="text"/>
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Employment Details	Employee No. <input type="text"/>	Employee No. <input type="text"/>
	No. of years with current employer <input type="text"/>	No. of years with current employer <input type="text"/>
	Retirement age <input type="text"/>	Retirement age <input type="text"/>
	Designation <input type="text"/>	Designation <input type="text"/>
	No. of year at previous organizations <input type="text"/>	No. of year at previous organizations <input type="text"/>
	Type of business <input type="text"/>	No. of dependents <input type="text"/>
	Total No. of years in service/Business <input type="text"/>	Total No. of years in service/Business <input type="text"/>

Net Income	<input type="text"/>	<input type="text"/>
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Have account in KBZ/ type of account/ Account ID	<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

Experience with bank	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> _____ yrs	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> _____ yrs
Experience with other bank	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> _____ yrs	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> _____ yrs

### Property Details

Property Address	<table border="1" style="width: 100%; height: 20px;"> <tr><td colspan="20"></td></tr> <tr><td colspan="20"></td></tr> </table> Township <table border="1" style="width: 100px; height: 15px;"></table> City <table border="1" style="width: 100px; height: 15px;"></table> State/Division <table border="1" style="width: 100px; height: 15px;"></table> Country <table border="1" style="width: 100px; height: 15px;"></table> Postal Code <table border="1" style="width: 50px; height: 15px;"></table>																																								
Type of Property	<table border="1" style="width: 100%; height: 20px;"></table>																																								
Completion Status	<input type="checkbox"/> Ready for Possession <input type="checkbox"/> Under Constructions <input type="checkbox"/> Constructions Status _____																																								
Expected date of possession	<table border="1" style="width: 100%; height: 20px;"></table>																																								
Developer Detail	Builder Name <table border="1" style="width: 100%; height: 15px;"></table> Project Name <table border="1" style="width: 100%; height: 15px;"></table>																																								
Value of Property	<table border="1" style="width: 100%; height: 20px;"></table>																																								
Down Payment Amount	_____ Down Payment % _____																																								

### Checklist For Supporting Documentation (Full checklist needed for each area)

For Employed	<input type="checkbox"/> NRC <input type="checkbox"/> Family Registration <input type="checkbox"/> Employment Verification Letter <input type="checkbox"/> Salary Verification Letter (Tax slip) <input type="checkbox"/> Verification of Address <input type="checkbox"/> Verification of No Criminal Record <input type="checkbox"/> Bank Statement (6 months) <input type="checkbox"/> Photo (Passport size) <input type="checkbox"/> Passport (If there is) <input type="checkbox"/> Rental Contract (If there is)
For Self-Employed (Additional requirement)	<input type="checkbox"/> Business License <input type="checkbox"/> Organization chart <input type="checkbox"/> Certification of Incorporation <input type="checkbox"/> Profit & Loss Statement <input type="checkbox"/> Form VI, XXVI, E <input type="checkbox"/> Cash Flow Statement <input type="checkbox"/> Balance Sheet
For Seller/Developer	<input type="checkbox"/> NRC <input type="checkbox"/> Family Registration <input type="checkbox"/> Deed of gift (if any) <input type="checkbox"/> Approval of Occupancy or BCC <input type="checkbox"/> 105/106 (if any) <input type="checkbox"/> Related Sales Contracts <input type="checkbox"/> Copy of Grant or leasehold or freehold land from landlord <input type="checkbox"/> Landlord Acknowledgement <input type="checkbox"/> Guarantee letter (For under construction) <input type="checkbox"/> Cash Flow (For under construction) <input type="checkbox"/> Bank Statement (For under construction)

	<b>We declare the above informations are correct and valid.</b>	
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<b>Signature of Applicant's</b>	<b>Signature of Co-Applicant's</b>
	NRC No. _____	NRC No. _____
	Date _____	Date _____
<b>Where did you know about this home loan product :</b>	<input type="checkbox"/> Social Media (eg. facebook) <input type="checkbox"/> KBZ Branch <input type="checkbox"/> Word of mouth (eg. friends)	

**Guarantors Details**

	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Others	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Others
Full Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
ID Number	<input type="text"/>	<input type="text"/>
Ph Number	+95 <input type="text"/>	+95 <input type="text"/>
Email	<input type="text"/>	<input type="text"/>
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<b>Signature of Guarantor</b>	<b>Signature of Guarantor</b>
	Date: _____	Date: _____

**Financial Information**

<b>Monthly Income</b>	Monthly Pay _____ Ks    Overtime/Bonus _____ Ks    Commission _____ Ks Part-Time/ _____ Ks    Government _____ Ks    Dividends/ _____ Ks Casual Income                      Pension Other Incomes _____ Ks                      Interest
<b>Assets</b>	Bank Account Balance Bank                                      Accounts (Sav: Cur: Call: Fixed)
	_____ Ks _____ Ks _____ Ks _____ Ks
<b>Other Assets</b>	Land & Building (List Address & Value) _____ Ks _____ Ks

<b>Liabilities</b>	Motor Vehicles (List Type, No, Value)		
			Ks
			Ks
			Ks
	Others Share/Bonds		
			Ks
			Ks
			Ks
	Monthly Repayments for Bank Loans		
	Bank	Loan Type (Loan/OD/HP/Credit Card)	
		Ks	
		Ks	
		Ks	
		Ks	
Other Liabilities (please specify)			
		Ks	
		Ks	
<b>Expenditure</b>	Living Expenses _____ Ks    Rate & Tax _____ Ks    Education Expenses _____ Ks		
	Rent _____ Ks    Medical Expenses _____ Ks		
	Others (please specify)		
			Ks
			Ks

**For Bank Use Only**

Branch Name \_\_\_\_\_

Application Number \_\_\_\_\_

Loan Number \_\_\_\_\_

**Prepared by**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**Reviewed by**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_