

| Loop Application Form for Small 9 Madium Entermises (SMFs) | | | | |
|--|-----------------|-----------------|---|------------------|
| Loan Application Form for Small & Medium Enterprises (SMEs) | | | | |
| | | | | Date: |
| "I/We, hereby apply to | avail following | financing fro | m the Bank: | |
| | | | | |
| New financing Facility | Roll over of | existing Facili | ty Enhancement of e | xisting Facility |
| _ | | Business | Details | |
| Name of Business | | | Annual Sales (Rs.) | |
| Contact Person | | | No. of employees | |
| Cell / Landline No. | | | NTN No (If applicable) | |
| Business Address | | | Email Address | |
| Business premise | Owned 🗌 | Rented | Year of Establishment | |
| Business Registration | | No 🗔 | Registration authority (if business is registered) | |
| Dusiness Registration | | | (II busilless is registered) | <u> </u> |
| Business Status | | | | |
| Proprietorship Partnership Pvt. Ltd Company | | | | |
| | | | | |
| Business Nature | | | | |
| Manufacturing Services Trading Agri-SME | | | | |
| | | | | |
| Brief Description of Product(s) and Service(s) | | | | |
| (e.g. Textile, Surgical Instruments, IT, Retail business etc.) | | | | |
| | | | | |
| | | | | |

| Partners/ Shareholders Details | | | | |
|--------------------------------|-----------------|---------|------------------|--|
| Name of the Individual(s) | Contact Details | CNIC No | Shareholding (%) | |
| | Cell No: | | | |
| | Email: | | | |

| Facility(ies) requested | | | | |
|--|--------------|---------------------------------------|-------------|--|
| (e.g. Financing for Asset Purchase, Term finance, Running Finance, Over Draft, Working Capital etc.) | | | | |
| Type of Facility | Amount (Rs.) | Collateral | | |
| | | Collateral Type | Value (Rs.) | |
| | | (e.g. land, vehicle, cash, bond, etc) | | |
| | | | | |
| | | | | |

<u>Undertaking</u>

- I/We certify and undertake that the information furnished above is true to the best of my/our knowledge.
- I/We hereby authorize the bank to obtain information/data regarding my/our Allied Concern's financial and personal details from any credit bureau, agent, financial institutions, companies or from any other sources for the purposes of processing my/our facility application form and to monitor my/our facilities/accounts.
- I/We undertake that the loan will be utilized for the same purpose as specified above in the form.



• I/ We agree that the submission of above information and facility application form is not the approval of finance and I shall have no right to claim for finance before any forum, if my request of finance declined by bank for any reasons.

CUSTOMER'S SIGNATURE & STAMP

Document Check List

| Proprietorship | | |
|----------------|--|-----------------|
| S No. | Description of Documents | Attached (✓) |
| | | |
| 1 | CNIC of Owner | |
| 2 | Financial Statement(s)/ Projected Financial(s) | |
| 3 | Feasibility Report | |

| Partnership/Private Limited Company | | |
|-------------------------------------|---|-----------------|
| S No. | Description of Documents | Attached (✓) |
| 1 | CNIC of Borrower(s) | |
| 2 | Memorandum & Article of Association | |
| 3 | Financial Statement(s)/Projected Financial(s) | |
| 4 | Feasibility Report | |