



MEMBER	MEMBERSHIP NO
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AN APPLICATION FORM CONSTITUTES A LEGALLY BINDING AGREEMENT BETWEEN BLLAHWU MEMBER ( BORROWER) AND MOTOVAC ( LENDER)

**PERSONAL INFORMATION**

SURNAME <input style="width: 90%;" type="text"/>	TITLE <input style="width: 90%;" type="text"/>
FIRST NAME <input style="width: 90%;" type="text"/>	D.O.B. <input style="width: 90%;" type="text"/>
ID. NO./PASSPORT <input style="width: 90%;" type="text"/>	
GENDER <input style="width: 90%;" type="text"/>	DATE OF RETIREMENT <input style="width: 90%;" type="text"/>
MARITAL STATUS <input style="width: 90%;" type="text"/>	

**ADDRESSES**

RESIDENTIAL STATUS <input type="checkbox"/> OWNER <input type="checkbox"/> RENT	POSTAL ADDRESSES <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
PHYSICAL ADDRESSES <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>	DISTRICT <input style="width: 90%;" type="text"/> CITY/TOWN <input style="width: 90%;" type="text"/>
DISTRICT <input style="width: 90%;" type="text"/> CITY/TOWN <input style="width: 90%;" type="text"/>	CITY/TOWN <input style="width: 90%;" type="text"/> CITY/TOWN <input style="width: 90%;" type="text"/>

**CONTACTS**

WORK TEL NO <input style="width: 90%;" type="text"/>	MOBILE NO <input style="width: 90%;" type="text"/>
HOME TEL NO <input style="width: 90%;" type="text"/>	EMAIL ADDRESS <input style="width: 90%;" type="text"/>

**FACILITY DETAILS (FOR OFFICIAL USE ONLY)**

CREDIT LOAN	<input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> P	<input style="width: 90%;" type="text"/>	-	<input style="width: 20%;" type="text"/>
CREDIT LIFE	<input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> P	<input style="width: 90%;" type="text"/>	-	<input style="width: 20%;" type="text"/>
ADM IN FEE	<input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> P	<input style="width: 90%;" type="text"/>	-	<input style="width: 20%;" type="text"/>
INTEREST	<input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> P	<input style="width: 90%;" type="text"/>	-	<input style="width: 20%;" type="text"/>
TOTAL COLLECTABLE	<input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> P	<input style="width: 90%;" type="text"/>	-	<input style="width: 20%;" type="text"/>
INSTALMENT PER MONTH	<input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> P	<input style="width: 90%;" type="text"/>	-	<input style="width: 20%;" type="text"/>

**AFFORDABILITY**

SALARY (AS SHOWN ON PAYSリップ)	<input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> P	<input style="width: 90%;" type="text"/>	-	<input style="width: 20%;" type="text"/>
NET SALARY (AS SHOWN ON PAYSリップ)	<input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> P	<input style="width: 90%;" type="text"/>	-	<input style="width: 20%;" type="text"/>

**BANKING DETAILS**

NAME AS ON BANK STATEMENT <input style="width: 90%;" type="text"/>	
BANK NAME <input style="width: 90%;" type="text"/>	ACCOUNT TYPE <input style="width: 90%;" type="text"/>
BRANCH <input style="width: 90%;" type="text"/>	BRANCH CODE <input style="width: 90%;" type="text"/>

**DECLARATION**

I have hereby applied for a Credit in the full amount disclosed herein. I confirm that I have read and understood all the documentation and noted all the cost and repayment details

DATE <input style="width: 90%;" type="text"/>	MANAGER NAME <input style="width: 90%;" type="text"/>
CLIENT SIGNATURE <input style="width: 90%;" type="text"/>	MANAGER SIGNATURE <input style="width: 90%;" type="text"/>

**RETAIL OUTLET DETAILS**STORE LOCATION **EMPLOYMENT DETAILS**

EMPLOYERS NAME \_\_\_\_\_

WORK PLACE \_\_\_\_\_

EMPLOYMENT START DATE \_\_\_\_\_

TYPE OF EMPLOYMENT (Permanent or Contract)  PERMANENT CONTRACT**(FOR OFFICIAL USE ONLY)** APPROVED DECLINED

CREDIT CONTROLLER NAME &amp; SURNAME \_\_\_\_\_

SIGNATURES: \_\_\_\_\_

CREDIT SUPERVISOR NAME &amp; SURNAME \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURES: \_\_\_\_\_

DATE: \_\_\_\_\_



CONSENT OF SPOUSE



Consenting Spouse:

Full Name: \_\_\_\_\_

Omang Number: \_\_\_\_\_

Address: \_\_\_\_\_

Work Tel No: \_\_\_\_\_

Home Tel No: \_\_\_\_\_

Mobile Tel No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_