

APPLICATION FORM

APPLICANT INFORMATION

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

Date of birth:

NIC no:

DL/PP no:

Current address:

Mobile no:

Home Fixed Line:

How long?

E-mail address:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

Phone:

E-mail:

Department :

Position:

Date of joining:

Staff no or EPF no:

PRODUCT INFORMATION

Name of the product and model no:

Delivery location:

Selling Price:

Installment:

No of installments:

FIRST GUARANTOR

Full Name:

Current address:

Date of birth:

NIC no:

DL/PP no:

Mobile no:

Fixed Line:

E-mail address:

Name of employer:

Position:

Date of joining:

Staff no or EPF no:

SECOND GUARANTOR

Full Name:

Current address:

Date of birth:

NIC no:

DL/PP no:

Mobile no:

Fixed Line:

E-mail address:

Name of employer:

Position:

Date of joining:

Staff no or EPF no:

I hereby confirm above information are true and accurate.

Signature of applicant

Date

Signature of first guarantor

Date

Signature of second guarantor

Date



