

Additional Applicants' Form

Date	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Passport Size Photo of Applicant(s)
D	D	M	M	Y	Y	Y	Y			
The Manager, Branch I/We hereby apply for a loan of BDT (in figure) for months for the purpose of:										
Purpose	<table style="width: 100%;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Purchase new/used Commercial Space</td> <td style="width: 25%;"><input type="checkbox"/> Re-construct/ Extend Building for commercial Use</td> <td style="width: 25%;"><input type="checkbox"/> Construction of commercial space</td> </tr> <tr> <td><input type="checkbox"/> Renovate existing Commercial Space</td> <td><input type="checkbox"/> Semi Pucca Construction for Commercial Use</td> <td><input type="checkbox"/> Take Over</td> </tr> </table>	<input type="checkbox"/> Purchase new/used Commercial Space	<input type="checkbox"/> Re-construct/ Extend Building for commercial Use	<input type="checkbox"/> Construction of commercial space	<input type="checkbox"/> Renovate existing Commercial Space	<input type="checkbox"/> Semi Pucca Construction for Commercial Use	<input type="checkbox"/> Take Over			
<input type="checkbox"/> Purchase new/used Commercial Space	<input type="checkbox"/> Re-construct/ Extend Building for commercial Use	<input type="checkbox"/> Construction of commercial space								
<input type="checkbox"/> Renovate existing Commercial Space	<input type="checkbox"/> Semi Pucca Construction for Commercial Use	<input type="checkbox"/> Take Over								
Customer Type	<table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Individual</td> <td style="width: 33%;"><input type="checkbox"/> Business</td> <td style="width: 33%;"><input type="checkbox"/> Others</td> </tr> </table>	<input type="checkbox"/> Individual	<input type="checkbox"/> Business	<input type="checkbox"/> Others						
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Personal Information

Particulars	3 rd Applicant	4 th Applicant																
First Name																		
Middle Name																		
Last Name																		
Customer ID	Gender	Gender																
Name (Bengali)																		
Father's Name																		
Mother's Name																		
Date of Birth	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
Nationality	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Others.....	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Others.....																
National ID No.																		
Passport No.																		
E-TIN No.																		
Mobile No.																		
Phone No.																		
Email																		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other.....	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other.....																
Spouse's Name																		
Spouse's Profession																		
Spouse's Office Address (if any)																		
Number of Dependent (If any)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> N/A																
Present Address																		
Permanent Address																		
Office Address																		
Residence Status	<input type="checkbox"/> Own <input type="checkbox"/> Rented <input type="checkbox"/> Company Provided <input type="checkbox"/> Other.....	<input type="checkbox"/> Own <input type="checkbox"/> Rented <input type="checkbox"/> Company Provided <input type="checkbox"/> Other.....																
Communication Address	<input type="checkbox"/> Office <input type="checkbox"/> Present <input type="checkbox"/> Permanent <input type="checkbox"/> Email	<input type="checkbox"/> Office <input type="checkbox"/> Present <input type="checkbox"/> Permanent <input type="checkbox"/> Email																
Educational Qualification																		
Emergency Contact Number																		

Customer's Signature

3 rd Applicant's Signature	4 th Applicant's Signature
Name: Date:	Name: Date:

Additional Applicants' Form



Business Details					
Name of Org.					
Business Type	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Others.....	
Registered Address					
Business Address					
Factory Address					
Godown Address					
Years in Business		Number of Employee			
TIN		Main Product/Service			
Business Sector	<input type="checkbox"/> Agri Finance	<input type="checkbox"/> Green Finance	<input type="checkbox"/> Manufacturing Concern	<input type="checkbox"/> Service Concern	<input type="checkbox"/> Trading Concern
Phone Number			Email		
Date of Incorporation			IRC & ERC Number (For Importer/Exporter Only)		
Trade License No			Issuing Authority	Validity	
Vat Registration No			Issuing Authority	Validity	
Yearly Sales Turnover	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 Y	<input type="checkbox"/> 3 Y		
Net Profit	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 Y	<input type="checkbox"/> 3 Y		

Employment Details						
Particulars	3 rd Applicant			4 th Applicant		
Profession	<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Self-Employed
	<input type="checkbox"/> Landlord	<input type="checkbox"/> Others		<input type="checkbox"/> Landlord	<input type="checkbox"/> Others	
Businessman/Self employed						
Name of Org.						
Nature of Business						
Office Address						
Ownership Status	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Company
% of Share in Business						
Years in Business						
Office Phone No.						
Trade License			Validity			Validity
No. of Employee						
Possession Status	<input type="checkbox"/> Own <input type="checkbox"/> Rented			<input type="checkbox"/> Own <input type="checkbox"/> Rented		
Yearly Turnover	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 Y	<input type="checkbox"/> 3 Y	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 Y	<input type="checkbox"/> 3 Y
Net Profit	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 Y	<input type="checkbox"/> 3 Y	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 Y	<input type="checkbox"/> 3 Y
Emergency Contact						
For Salaried Person						
Name of Employer						
Nature of Business						
Office Address						
Designation						
Joining Date						
Total Service Length						
Employment Status	<input type="checkbox"/> Permanent	<input type="checkbox"/> Contractual	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Permanent	<input type="checkbox"/> Contractual	<input type="checkbox"/> Part-Time
Office Phone No.						
Email						
Previous Employer (If Any)						

Customer's Signature	
3 rd Applicant's Signature	4 th Applicant's Signature
Name: Date:	Name: Date: