UDL FINANCIAL SERIVES LIMITED

DIMINISHING MUSHARAKAH

Application Form

Date:

THE MANAGER,
UDL FINANCIAL SERVICES LIMITED
1ST FLOOR,BUSINESS ENCLAVE,
77-C,12TH COMMERCIAL STREET,OFF:KHAYABAN-E-ITTEHAD,
D.H.A,PHASE II(EXTENSION),KARACHI
TEL:92-21-35310561-5(lines)
FAX:92-21-35310566
E-mail:info@udl.com.pk
Web:www.udl.com.pk

Dear Sir:

I would like to enter into a Lease/ Diminishing Musharakah Facility with you. In this connection, I append below necessary information May require for my application.

PARTA

Name

Date of Birth

Marital Status **Name of spouse:**

Residence Address

Landmark

Telephone No. **Mobile No.**

Residence is: owned
Rented
parents
mortgage

Mother Maiden Name

Education:

Next Of Kin

CNIC NO. **National Tax No.**

PARTB **If Salaried employee**

Name of Company

Address of Company (For Salaried Person)

Telephone Nos. **Fax No.**

Job Title

Date of Employment **Monthly Salary Income**

If Self employed:

Name of Business	

Proprietorship		Partnership	
Private Ltd.		Public Ltd.	

Adress of the Company	
Landmark	
Date of Establishment	
Nature of Business	

Name Bankers

Name of Bank	Branch	Account No.	Nature of Account

PARTC

Type of asset	
Cost Supplier	
Location of asset	
Period of lease	

Securities Offered:

1	
2	
3	

I enclose the following documents in support of my application:

1. Details of credit facilities availed	
2. CNIC's photocopy	
3. Verified signature card	
4. Partner ship deed, if self-employed	
5. Details of assets and liabilities of guarantors	
6. Certificate of employment, if salaried employee	
7. Any other relevant documents.	
8. Bank statement of guarantors	

I here by give my consent to UDL Financial Services Limited to verify with the above banks reference regarding my credit standing.

I also authorize UDL Financial Services Limited (the "Credit Institution") to obtain information / data regarding my financial and personal details from any credit bureau, agent, banks, financial institutions, companies for purposes of processing my application and monitoring my facilities / account. Furthermore, I authorize the Credit Institution to disclose and share information / data about my account / facilities to /with any other credit bureau, agent, banks, financial institutions or companies as the Credit Institution considers appropriate from time to time in accordance with the Applicable Laws".

Certified that the information given above is true and correct.

Signature

SIGNATURE VERIFICATIONCARD

(Signature to be verified by the client's bank)

Bank Name _____

S.NO.	A/C Holder Name	ACCOUNT NO	SIGNATURE	VERIFIED(Pls. Stamp &Sign)
1				
2				

It is certified that the above signature has been verified

For:

_____

(Name of Bank& Branch)

_____

(Name)

_____

(Signature)

Regards

UDL FINANCIAL SERVICES LTD (NTN #8647603-8)

Detail of Credit Facilities Availed (including Lease Facilities)

As at: _____

Sr.#	Financial Institution	Nature of Facility	Amount of Facility	Out standing as of Date	Security Offered*		Remarks
					Type	Value	
1							
2							
3							
4							
5							
6		`					
7							
8							
9							

***Securities:**

1 Mortgage on the company's present and future immovable properties
2 Hypothecation of charge (1st,2nd, etc)
3 Equitable mortgage
4 Pledge of shares