UDL FINANCIAL SERVICES 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:

We would like to enter into a Lease / Diminishing Musharakah Facility with you. In this connection, we append below necessary inf that you may require for processing of our application.

PART A

Name of Organization			
Registered Office			
Office Address			
Telephone No.		**Fax No.**	
Web address		**email address**	
Type of Organization		**Date of Establishment**	
Sector/Industry		**National Tax No.**	
Authorised Capital		**Paid-up Capital**	

Name of Director / Fathers Name	Residential Address	NIC No.	Share Holding (%)
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

Name of Bank	1)	2)	3)
Branch			
Account No.			
Nature of Account			

Group Name

Group Companies

S. No.	Company	Address	NTN No.

Person to contact on our behalf

Name

Designation Telephone No.

PART B

Asset

Cost

Supplier

PART C

We enclosed the following documents in support of our application

1) Audited Financial Statements for the last 3 years
2) Company Profile/Project/Feasibility Report
3) Details of credit facility availed
4) NIC of Authorized Signatories
5) Memorandum & Articles of Association
6) Certificate of Incorporation
7) Form "29" / Form "A" of the company
8) Wealth / Tax Returns of the Guarantor Directors
9) Any other relevant information / papers / documents

We hereby give our consent to UDL Financial Services Limited to verify with the above Bank(s) regarding our credit standing.

We 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.

For and on behalf of : _____

Authorised Signature : _____

Name & Designation : _____
(Please affix company's stamp)

_____

SIGNATURE VERIFICATION CARD

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

Bank Name :

S.NO.	NAME	ACCOUNT NO	SIGNATURE	VERIFIED (Pls. Stamp & Sign)

It is certified that the above signature has been verified

For :

(Name of Bank & Branch)

(Name)

(Signature)

Detail of Credit Facilities Availed (includifng Lease Facilities)

As at: _____

Sr.#	Financial Institution	Nature of Facility	Amount of Facility	Outstanding 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 shar