

LOAN APPLICATION FORM



FAS Finance & Investment Limited
Let Your Dreams Come True

To
The Managing Director
 FAS Finance & Investment Ltd.
 _____ Branch

Date : _____

I/We _____ hereby apply for
 a loan of TAKA (in numbers) _____ (in words) _____
 _____ for the purpose of _____ by
 myself/ourselves. I/We are providing, in full, the following information desired by your FAS Finance in the prescribed
 form for the tenor 12 months 24 months 36 months 48 months 60 months 120 months
 I would like to pay processing fee of the approved loan amount Yes No

4 Copies
 Applicant's
 Photograph

A. Principal Applicant Information Personal Information

Full Name

Mother's Name

Father's Name

Date of Birth

D	D	M	M	Y	Y	Y	Y
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 Gender Male Female

Marital Status Single Married Widow Separated No. of Dependents

Spouse's Name Profession

Spouse's Work Address

Spouse/Parents Contact No. Land Phone Mobile

Highest Education Level SSC HSC Graduate Post Graduate Others

Profession Salaried Business Person Professional Land Lord/Lady TIN

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Identification Document Passport/National ID/Driving license

Contact Details

Present Address

Residence Status Owned Rented Family Owned Others

If Rented, Rent per Month

Year(s) in Current Address Year (s) Month (s)

Permanent Address

Contact Number - Home Mobile E-Mail

Work Address

Contact Number - Office Mobile E-Mail

Professional Information (For Service Holder)

Present Employer's Name

Present Employer's Address

Department Designation

Employment Status Permanent Contractual

Length of Service with Current Employer Year (s) Month (s)

Contact Phone Number Ext. No.

Previous Employer's Name Designation

Length of Service with Previous Employer Year (s) Months (s)

Professional Information (For Business Person/Self Employed)

Organization's Name

Office Address

Nature of Business

Type of Business Proprietorship Partnership Limited Company

Contact Phone Number

Length of Current Business Year (s) Month (s)

No. of Staff Length of Business in current address

Business House/Office Ownership Status Owned Rented Others

Any other Business concern Nature of Business

Professional information (Doctor/Dentist/Engineer/Architect/Chartered Accountant/Consultant, etc.)

Profession

Organization's Name

Office/Chamber Address

Contact Phone Number

Length of Practice/Service Year (s) Month (s)

Professional Registration Number

Financial Information

Monthly Income	Amount (Tk.)	Branch/DST Use	Monthly Expense	Amount (Tk.)	Branch/DST Use
Gross Monthly Salary/Income			Rent & Utility		
Spouse's Salary/Income			Food & Clothing		
Rent Income			Education		
Remuneration/Allowance			Loan Repayment (If any)		
Other Income (Pls. Specify)			Miscellaneous		
Total			Total		

Signature of Principal Applicant
Name

B. Co-Applicant Information**Personal Information**

Full Name

Mother's Name

Father's Name

Date of Birth Gender Male Female

Marital Status Single Married Widow Separated No. of Dependents

Spouse's Name Profession

Spouse's Work Address

Spouse/Parents Contact No. Land Phone Mobile

Highest Education Level SSC HSC Graduate Post Graduate Others

Profession Salaried Business Person Professional Land Lord/Lady TIN - -

Identification Document Passport/National ID/Driving license

Co-Applicant's
Photograph**Contact Details**

Present Address

Residence Status Owned Rented Family Owned Others

If Rented, Rent per Month

Year(s) in Current Address Year (s) Month (s)

Permanent Address

Contact Number - Home Mobile E-Mail

Work Address

Contact Number - Office Mobile E-Mail

Professional Information (For Service Holder)

Present Employer's Name

Present Employer's Address

Department Designation

Employment Status Permanent Contractual

Length of Service with Current Employer Year (s) Month (s)

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Any other Business concern Nature of Business

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Profession

Organization's Name

Office/Chamber Address

Contact Phone Number

Length of Practice/Service Year (s) Month (s)

Professional Registration Number

Signature of Co-Applicant
Name

Financial Information

Monthly Income	Amount (Tk.)	Branch/DST Use	Monthly Expense	Amount (Tk.)	Branch/DST Use
Gross Monthly Salary/Income			Rent & Utility		
Spouse's Salary/Income			Food & Clothing		
Rent Income			Education		
Remuneration/Allowance			Loan Repayment (If any)		
Other Income (Pls. Specify)			Miscellaneous		
Total			Total		

C. Applicant's Account Details

(1) Name of Bank/NBFI

Type of Account Account No.
 Account No.
 Account No.

(2) Loan Amount If Any

Type of Account Account No.
 Account No.
 Account No.

D. Loan with FAS Finance(s) / Employer (Personal and Business Loan) in Single / Joint Name

Loan Yes No (Amount in Tk.)

Lender's Name	Type of Facility	Disbursed Amount	Outstanding	EMI	Expiry Date

Credit card Yes No (Amount in Tk.)

Issuer's Name	Card No.	Limit	Outstanding	Expiry Date

E. Applied for Loan Take Over/Balance Transfer

Yes No

Lender's Name	Type of Loan	Loan A/C No.	Disbursement Date	Disbursed Amount	Outstanding	EMI	Expiry Date

Reference (Immediate Relatives Preferred)

(1) Full Name

Relationship Gender Male Female

Residence Address

Work Address

Contact No. (Home) Land Mobile E-mail

Contact No. (Office) Land Fax E-mail

(2) Full Name

Relationship Gender Male Female

Residence Address

Work Address

Contact No. (Home) Land Mobile E-mail

Contact No. (Office) Land Fax E-mail

Signature of Principal Applicant
Name

Signature of Co-Applicant
Name