



RHB Bank Berhad
(6171-M) Incorporated in Malaysia

..... Branch

CONSUMER LOAN REQUEST FORM

Single Application *Joint Application*

MY / OUR PERSONAL PARTICULARS (Please Print in Capital Letters)

	APPLICANT	CO-APPLICANT
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Name	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Relationship with applicant		<input type="checkbox"/> <i>Spouse</i> <input type="checkbox"/> <i>Parent</i> <input type="checkbox"/> <i>Others (Specify)</i> <input style="width:50px;" type="text"/>
Title <i>(Datuk; Tan Sri; etc)</i>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
NRIC/Passport No	<i>(new)</i> <input style="width:50px;" type="text"/> <i>(old)</i> <input style="width:50px;" type="text"/>	<i>(new)</i> <input style="width:50px;" type="text"/> <i>(old)</i> <input style="width:50px;" type="text"/>
Type	<input type="checkbox"/> <i>Blue</i> <input type="checkbox"/> <i>Red</i> <input type="checkbox"/> <i>Green</i> <input type="checkbox"/> <i>Brown</i> <input type="checkbox"/> <i>Army/ Police</i> <input type="checkbox"/> <i>Others (Specify)</i> <input style="width:50px;" type="text"/>	<input type="checkbox"/> <i>Blue</i> <input type="checkbox"/> <i>Red</i> <input type="checkbox"/> <i>Green</i> <input type="checkbox"/> <i>Brown</i> <input type="checkbox"/> <i>Army/ Police</i> <input type="checkbox"/> <i>Others (Specify)</i> <input style="width:50px;" type="text"/>
Home Address	<input style="width:95%; height: 40px;" type="text"/>	<input style="width:95%; height: 40px;" type="text"/>
Postal Code	<input style="width:50px;" type="text"/> Mailing Address <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<input style="width:50px;" type="text"/> Mailing Address <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Home Tel No	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Date of Birth	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Gender	<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>	<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>
Race	<input type="checkbox"/> <i>Bumiputra</i> <input type="checkbox"/> <i>Chinese</i> <input type="checkbox"/> <i>Indian</i> <input type="checkbox"/> <i>Others</i>	<input type="checkbox"/> <i>Bumiputra</i> <input type="checkbox"/> <i>Chinese</i> <input type="checkbox"/> <i>Indian</i> <input type="checkbox"/> <i>Others</i>
Citizenship	<input type="checkbox"/> <i>Malaysian</i> <input type="checkbox"/> <i>Others (Specify)</i> <input style="width:50px;" type="text"/>	<input type="checkbox"/> <i>Malaysian</i> <input type="checkbox"/> <i>Others (Specify)</i> <input style="width:50px;" type="text"/>
Residential Status	<input type="checkbox"/> <i>Resident</i> <input type="checkbox"/> <i>Non-resident</i>	<input type="checkbox"/> <i>Resident</i> <input type="checkbox"/> <i>Non-resident</i>
Marital Status	<input type="checkbox"/> <i>Single</i> <input type="checkbox"/> <i>Married</i> <input type="checkbox"/> <i>Divorced</i> <input type="checkbox"/> <i>Widowed</i>	<input type="checkbox"/> <i>Single</i> <input type="checkbox"/> <i>Married</i> <input type="checkbox"/> <i>Divorced</i> <input type="checkbox"/> <i>Widowed</i>
No of Dependent (if any)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Present House	<input type="checkbox"/> <i>Own</i> <input type="checkbox"/> <i>Rented</i> <input type="checkbox"/> <i>Family's</i> <input type="checkbox"/> <i>Company's</i>	<input type="checkbox"/> <i>Own</i> <input type="checkbox"/> <i>Rented</i> <input type="checkbox"/> <i>Family's</i> <input type="checkbox"/> <i>Company's</i>
Years there	<input style="width:50px;" type="text"/> Rental RM <input style="width:50px;" type="text"/> pm	<input style="width:50px;" type="text"/> Rental RM <input style="width:50px;" type="text"/> pm
Related to any Director/ Staff of RHB Capital ?	<input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>Staff</i> <input type="checkbox"/> <i>Director</i> <i>(Specify)</i> <input type="checkbox"/> <i>Subsidiary</i>	<input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>Staff</i> <input type="checkbox"/> <i>Director</i> <i>(Specify)</i> <input type="checkbox"/> <i>Subsidiary</i>

MY / OUR PRESENT EMPLOYMENT

Occupation	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of Employer / Firm (if self-employed)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nature of Business	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Address of Employer / Firm	<input style="width:95%; height: 40px;" type="text"/>	<input style="width:95%; height: 40px;" type="text"/>
Postal Code	<input style="width:50px;" type="text"/> Mailing Address <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<input style="width:50px;" type="text"/> Mailing Address <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Office Tel No	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Income p. month	<input style="width:50px;" type="text"/> Period employed <input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/> Period employed <input style="width:50px;" type="text"/>

APPLICANT	CO-APPLICANT
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MY / OUR PREVIOUS EMPLOYMENT

Name of Employment / Firm	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Period Employed	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

MY / OUR SPOUSE

Name	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
NRIC/Passport No	(new) <input style="width:15%;" type="text"/> (old) <input style="width:15%;" type="text"/>	(new) <input style="width:15%;" type="text"/> (old) <input style="width:15%;" type="text"/>
Type	<input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Army/Police <input type="checkbox"/> Others(specify) <input style="width:15%;" type="text"/>	<input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Army/ Police <input type="checkbox"/> Others(specify) <input style="width:15%;" type="text"/>
Date of Birth	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Citizenship	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others(Specify) <input style="width:15%;" type="text"/>	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others (Specify) <input style="width:15%;" type="text"/>
Occupation	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of Employer / Firm	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Income p. month	<input style="width:15%;" type="text"/> Period employed <input style="width:15%;" type="text"/>	<input style="width:15%;" type="text"/> Period employed <input style="width:15%;" type="text"/>
Address of Employer	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Office Tel No	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

MY / OUR BANKING FACILITIES

Banking Deposit Facility [inclusive of RHB Bank account(s) if any]

Financial Institution(s)	Account Type	Account Number	Financial Institution(s)	Account Type	Account Number
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Banking Credit Facility [inclusive of RHB Bank account(s) if any]

Financial Institution(s)	Account Type & Account Number	Limit & Repayment Amount	Financial Institution(s)	Account Type & Account Number	Limit & Repayment Amount
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Credit Card Facility [inclusive of RHB Bank account(s) if any]

Financial Institution(s)	Card Type & Card Number	Limit & Membership Date	Financial Institution(s)	Card Type & Card Number	Limit & Membership Date
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

MY / OUR EMERGENCY CONTACT

Name	<input style="width:95%;" type="text"/>	Relationship	<input style="width:95%;" type="text"/>
Home Address	<input style="width:95%;" type="text"/>	Home Tel No	<input style="width:15%;" type="text"/> Office Tel No <input style="width:15%;" type="text"/>

<input type="checkbox"/> Identity Cards (front and reverse sides) <input type="checkbox"/> Last 2 years Income Tax returns (form J) <input type="checkbox"/> Monthly salary slips for the last 3 months <input type="checkbox"/> Statement of account(s) with other financial institutions for the last 3 months <input type="checkbox"/> Title Deed, Quit Rent and Assessment and / or Sale and Purchase Agreement <input type="checkbox"/> Valuation Report <input type="checkbox"/> Letter of Confirmation / Acceptance from the University / College <input type="checkbox"/> Fees schedule from the University / College	<p style="text-align: center;">1 / WE HAVE ATTACHED THE FOLLOWING DOCUMENTS</p> <input type="checkbox"/> For Self-employed <ul style="list-style-type: none"> • Business Registration Documents / Forms 24 & 49 • Last 2 years Profit & Loss Accounts • Statement of current account(s) for the last 3 months <input type="checkbox"/> For Salaried Worker <ul style="list-style-type: none"> • Confirmation letter from the employer (if available) Processing Fee Collected : <input type="checkbox"/> Yes <input type="checkbox"/> No
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STUDY LOAN REQUEST SECTION

MY / OUR FINANCING REQUIREMENT

Amount Required

<input type="checkbox"/> Tuition Fees	RM	<input type="text"/>
<input type="checkbox"/> Other Expenses	RM	<input type="text"/>
TOTAL	RM	<input type="text"/>

Mode of Release for Other Expenses Full sum Equal Proportion to Study Period Others (Specify)

Total Period Required

<input type="checkbox"/> Study Period	<input type="text"/>	years
<input type="checkbox"/> After Study Period	<input type="text"/>	years

University / College Information

Name	<input type="text"/>		
Address	<input type="text"/>		
Postal Code	<input type="text"/>	Tel No	<input type="text"/>
		Fax No	<input type="text"/>
Course Applied For	<input type="text"/>		
Course Duration	<input type="text"/>	years	

MY / OUR PROPERTY OFFERED AS SECURITY

Property

Type	<input type="text"/>	Open Market Value	RM	<input type="text"/>
Address of Property	<input type="text"/>			
Particulars of Title	<input type="text"/>			
Property Tenure	<input type="checkbox"/> Freehold	<input type="checkbox"/> Leasehold with remaining	<input type="text"/>	years
Built-up Area	<input type="text"/>	Registered Owner	<input type="text"/>	
Property Encumbered	<input type="checkbox"/> Yes	Name of Bank	<input type="text"/>	Outstanding Amount
			<input type="text"/>	<input type="checkbox"/> No

(Please provide 12 months statement of account.)

Guarantor (guarantor to complete the Personal Information of Guarantor form)

Name	<input type="text"/>	Name	<input type="text"/>
NRIC / Passport No	<input type="text"/>	NRIC / Passport No	<input type="text"/>

Other Collateral

Type	<input type="text"/>	Amount	<input type="text"/>
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MY / OUR DECLARATION

I/We hereby declare that:

- I/We am/are **NOT** a bankrupt/bankrupts.
- I/We confirm that all the information contained herein is true, correct and complete and I/we have not withheld any information that may prejudice our application.
- I/We authorise you or your representative to obtain information relative to this application from any source.
- I/We understand that you reserve the right to reject the application at your sole discretion without stating any reason whatsoever.
- I/We confirm that my/our immediate family members, as defined under Section 62 of the Banking & Financial Institution Act 1989, are not under your employment.
- I/We hereby irrevocably authorize and permit the Bank to disclose any information on me/us and the Banking Family to Bank Negara Malaysia, Cagamas Berhad, the Central Credit Bureau and such other authorities pursuant to any applicable law, regulation or directive (whether having the force or law or otherwise) mutatis mutandis for any purpose (including but not limited to the assessment or my/our credit worthiness by the Bank or any other authorized or licensed entity) and in any manner as may be deemed appropriate by the aforesaid authorities.

Signature of Applicant / Date

 Signature(s) of Joint Applicant(s) / Date