

LOAN APPLICATION FORM - RURAL LIVELIHOOD

CIF ID Full Name Gender: Male Female Mar Date of Birth (DDMMYYYY) Contact Nu Educational Qualification Father's/Mother's Name Permanent Address House No. Thram No.	CID	Single Married [Address	Divorced Annual In Nu.	Affix Passport Size Photograph come
Dzongkhag				
2201911149				
2. Spouse Details (If married)				
Full Name	CID	No.	С	ontact Number
Email Address	Present Addres	ss		
Permanent Address House No. Thram No.	Village	Ge	ewog	
Dzongkhag				
	I be provided if th	ne numbe <u>r of dependants</u>	are more than	four)
3. Dependant Details (Additional Sheet wil				
	l be provided if the Relationship			four) Occupation
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3. Dependant Details (Additional Sheet will SI. Full Name of the Dependant 4. Project Details Type/Kind of Project Total Project Cost Project Locat Nu. 6. Repayment Sources	Relationship	CID No.	5. Loan Loan Ar	Details nount Requested

7. Mode of Repayment	
☐ Monthly ☐ Quarterl	/ □ Half-yearly □ Yearly
8. Details of Guarantor	
Full Name	Gender CID No.
Relationship with Applicant	Present Address
Contact Number Email Addres	S
9. Document Checklist (Check who	re applicable)
a. Application Formb. Copy of Citizenship IDc. Recent Passport size Photographd. Security Clearance	e. Project Profile / Business Plan Proposal f. Training Certificates (if any) g. Trade / Registration License (if any) h. Copy of Citizenship ID of the Guarantor
11. Consent Clause	
furnished herewith is correct to the all or such information required by I sary to facilitate Credit Information	tive capacities as hereinabove mentioned do hereby declare that all the information best of my/our knowledge and ability and do hereby consent to disclose and share Shutan Care Credit Ltd to do such acts, deeds or things that are deemed neces-Bureau to ascertain accuracy/correctness of information. The parties hereunto to use my/our demographic and credit information by the Credit Information intities.
10. Certification	
	d herein is true and correct to the best of my knowledge and belief. I promise to
	overning this loan facility.
Date (DDMMYYYY) Place	Affix Legal Stamp
	Affix Legal
	Affix Legal
Place	Affix Legal Stamp (Signature of Applicant)
	Affix Legal Stamp (Signature of Applicant)
Place	Affix Legal Stamp (Signature of Applicant)
Place	Affix Legal Stamp (Signature of Applicant)
Place 12. Remarks / Recommendations	Affix Legal Stamp (Signature of Applicant) by Concerned Agency (Signature & Seal of the Concerned Agency)
Place 12. Remarks / Recommendations FOR BHUTAN CARE CREDIT OFFI Action taken by Credit Officer: a) Application received date & Regis b) Loan appraised & submitted to C c) Loan approved/declined intimation	(Signature of Applicant) (Signature & Seal of the Concerned Agency) CIAL USE tration No.: / / / Signature ommittee date: / / / Signature n date: / / / / Signature
Place 12. Remarks / Recommendations FOR BHUTAN CARE CREDIT OFFI Action taken by Credit Officer: a) Application received date & Regis b) Loan appraised & submitted to Co	Affix Legal Stamp (Signature of Applicant) by Concerned Agency (Signature & Seal of the Concerned Agency) CIAL USE tration No.: