



NBP Saibaan

HOUSING FINANCE APPLICATION FORM

Rs.15 only

1 - PERSONAL INFORMATION

Title: Mr. Mrs. Ms. Dr.

Name: _____

Mother's Maiden Name (before marriage) _____

Father's / Husband's Name: _____

Date of Birth: Date Month Year Age

Gender : Male Female Religion : _____

Nationality : Pakistani Other _____

NIC No. (Old)

NIC No. (New)

NTN No.

Marital Status: Single Married Widow
 Single family Joint family

Number of Children Number of Dependents

Co-applicant (if any) Name : _____

Relation _____ (Attach separate form)

Next of Kin Name & Address : _____

Educational Qualification: Below Matric Matric
 Intermediate Bachelor Masters
 Professional (Pl. Specify) _____

Current Residential Address : _____

_____ Post Code: _____

Residence Phone No (s): _____

Mobile No: _____ E-mail Address: _____

Permanent Residential Address : _____

_____ Post Code: _____

Living at the current Address since yrs.

House Type: Apartment Bungalow Other

House Ownership / Rented : Personal Parents

Rented (Rent Rs. _____) Other (Pl. Specify) _____

Do you own a car? Yes No

Make / Model _____ Owned Financed/Leased

2 - OCCUPATION

Nature of Occupation : Salaried Person Business Person
 Self-Employed Professional Others (Pl. Specify) _____

If Business Person:

Type of Business: Manufacturing Service Retailer

Wholesale Trading Other _____

Legal Entity: Sole Proprietorship Partnership

Public Limited Private Limited Other

Total Years in present business: _____

Income before tax (per month): _____

Net Income (per month): _____

Business Name: _____

Office Address: _____

Post Code: _____ Telephone No. (direct): _____

PABX: _____ Extension: _____

Fax No.: _____ E-mail: _____

Previous Business Name: _____

Years in Previous Business: _____

If Self-employed Professional:

Type of Profession : Architect ICMA/CA Doctor

Dentist Others (Pl.Specify): _____

Business Name: _____

Office Address: _____

_____ Post Code: _____ E-mail Address: _____

Telephone No. (direct): _____ PABX: _____

Extension: _____ Fax No.: _____

Years in profession: Years in the present setup:

Current status in profession: _____

Income before Tax (per month): _____

Net Income (per month): _____

Past Profession: _____ Years in that profession

If Salaried Person:

Employer Status: Government Autonomous

Public Limited Sole Proprietorship Semi Government

Multinational Private Limited Partnership

Designation: _____ Department: _____

Permanent Contractual

Employer's Name: _____

Office Address: _____

_____ E-mail Address: _____ Post Code: _____

Telephone No. (direct): _____

PABX: _____ Extension: _____ Fax No. _____

Name of previous employer : _____

Length of Service : Present employer Yrs

Previous employer Yrs