



# NBP Advance Salary Personal Loan

## Application Form

Application Form No. \_\_\_\_\_  
Branch Name: \_\_\_\_\_

Date: \_\_\_\_\_  
Code: \_\_\_\_\_

### 1. PERSONAL DATA:

Name: \_\_\_\_\_ C.N.I.C Number: \_\_\_\_\_  
Father/husband 's Name with CNIC #: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Phone No: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ N.T.N Number: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Next of Kin with address: \_\_\_\_\_

### 2. EMPLOYMENT DATA

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
Address & Contact # of Employer: \_\_\_\_\_ Office Contact No: \_\_\_\_\_  
Designation / Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Monthly Gross Salary: \_\_\_\_\_ Monthly Take Home Salary: \_\_\_\_\_  
Mode of Salary Receipt: 1) Direct 2) via DDO 3) consolidated cheque issued by DDO 4) Other(if any, please mention)  
Length of Service: \_\_\_\_\_ Remaining Service: \_\_\_\_\_ Salary disbursing Officer's Name & Contact #. \_\_\_\_\_

### 3. FINANCE REQUEST DATA:

Request for: 1) Fresh Case 2) Rollover Case  
Running Finance Limit requested: Rs. \_\_\_\_\_ equal to \_\_\_\_\_ month(s) of advance net take home salary.  
Purpose of Finance: \_\_\_\_\_ NBP Salary Account No: \_\_\_\_\_  
Name of the Branch & Region: \_\_\_\_\_

The customer agrees to furnish a customer request for roll over of facility and confirms that the terms, conditions and employer undertaking of this application shall be binding and valid in relation to the roll over as well.

### 4. PLEASE ATTACH THE FOLLOWING WITH YOUR APPLICATION:

- Last 3 Months Salary Slip/Certificate.
- Customer Roll Over Request (in case of roll over)
- 3 undated cross cheques covering the whole finance amount.
- Copy of CNIC (duly attested by concerned NBP branch)
- Employee ID Copy (attested by NBP branch) where applicable.

### 5. TWO REFERENCES OF WORK COLLEAGUES (ONE OF THE SAME OR HIGHER GRADE AND ONE OF THE OFFICER / EXECUTIVE CADRE, WHO BANK WITH THE SAME NBP BRANCH OR ANY NBP BRANCH OR ANY OTHER BANK

SUBJECT TO THE VERIFICATION BY THE BRANCH MANAGER.)

i. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ (Verification Stamp) \_\_\_\_\_  
A/c No: \_\_\_\_\_ Address: \_\_\_\_\_ Phone (Off.): \_\_\_\_\_ (Res.): \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ CNIC Number: \_\_\_\_\_ National Tax No: \_\_\_\_\_

ii. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ (Verification Stamp) \_\_\_\_\_  
A/c No: \_\_\_\_\_ Address: \_\_\_\_\_ Phone (Off.): \_\_\_\_\_ (Res.): \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ CNIC Number: \_\_\_\_\_ National Tax No: \_\_\_\_\_

### 6. OTHER FINANCE FACILITIES ALREADY AVAILED FROM NBP / OTHER BANKS (Attach sheet)

Fund Based (facilities obtained from NBP):

Product Name	Amount Sanction	Sanction Date	Expiry Date	Installment Amount	Current Status		
					Regular	Amount Over- due (if any)	Amount Rescheduled / Restructured (if any)