



# JEBIL'S Finance Limited

New Road, Kathmandu

## Institutional Loan Form

1. Company Details			
Name of Company			
Address			
Telephone		Fax No.	
Establishment Date			
Registration No.		PAN No.	
Corporate Structure		Sector	
Nature of business			

2. Authorized Person							
S.No.	Name	Address	Father's Name	Grand Father's Name	Spouse Name	Date of Birth	Citizenship No/Issue Date
1							
2							
3							

3. Details of shareholders/Directors (Use additional sheet, if needed)							
S.N.	Name of shareholders/directors	Share holding %	Address	Contact No	Father's Name	Grand Father's Name	Citizenship No/Issued Date
1							
2							
3							
4							
5							

4. Loan From other Bank and Financial Institution, if any. (Use additional sheet, if needed)		
Bank/Financial Institution's Name	Outstanding Loan amount (Date)	Overdue Yes/No
1. ....		
a. Working Capital		
b. Term Loan		
c. other Loan		
* Non Funded Facilities		
Total		

5. Type of loan (mark ✓):			
<input type="checkbox"/>	Housing	<input type="checkbox"/>	Share Loan
<input type="checkbox"/>	Business/Industrial Loan	<input type="checkbox"/>	Real Estate Loan
<input type="checkbox"/>		<input type="checkbox"/>	Hire-Purchase
<input type="checkbox"/>		<input type="checkbox"/>	Others

6. Demand Loan Amount		
In Figure	In Word	Duration

7. Repayment Mode			
Monthly Interest & Principal		Quarterly Principal & Interest	
Monthly Interest & Principal within 1 year		Quarterly Interest & Principal within 1 year	
Others (Specify)			

8. Details of Security				
8.1 Land & Building (Use additional sheet, if needed)				
Owner	Father's Name	Grand Father's Name	Spouse's Name	Location
Plot/Kitta no.	Area	Build up Area	No. of storey	Market Value
Transfer Mode	Transfer Date	Registration Amount	Name of Guthi	Raitani Date
Four Boundary				
East	West	North	South	Front Face
8.2 Other Assets				
S.No.	Description	Market Value		
1				
2				
3				

9. Detail of Personal Guarantor (Use additional sheet, if needed)				
Name				
Address				
Father's Name	Grand Father's Name	Spouse Name	Date of Birth	Citizenship No
Profession	Profession Nature	Income source	Employer(if salaried employee)	Other Associates Companies

I/We certify that above information is true to best of my/our knowledge and will be held liable in any contingency occurred due to wrong information.

Signature :

Name :

Date :

Stamp :