Date \_\_\_\_\_\_\_\_\_\_\_\_

**Declaration of Financing Facility**

I ----------------------------- S/O, D/O, W/O ------------------------------- holder of CNIC --------------------

-----, undertake that the detail of my existing exposure from the “Entire Banking Sector” as on---------

- is as under:

**Details of Credit Cards (Clean) limits being availed from other banks/DFIs:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. #** | | **Name of the Bank / DFI** | | | | **Approved Limit** | | | | |
|  | |  | | | |  | | | | |
| **Details of Credit Cards (Secured) limits being availed from other banks/DFIs:** | | | | | | | | | | |
| **Sr. #** | | **Name of the Bank / DFI** | | | | **Approved Limit** | | | | |
|  | |  | | | |  | | | | |
| **Details of Personal Loan (Clean) limits being availed from other banks/DFIs:** | | | | | | | | | | |
| **Sr. #** |  | **Name of the Bank / DFI** | | | **Approved Limit** | | | | **Amount Outstanding On** | |
|  |  |  | | |  | | | | **Application date** | |
|  |  | | | |  | | | |  | |
| **Details of Personal Loan (Secured) limits being availed from other banks/DFIs:** | | | | | | | | | | |
| **Sr. #** |  | **Name of the Bank / DFI** | | | **Approved Limit** | | | | **Amount Outstanding On** | |
|  |  |  | | |  | | | | **Application date** | |
|  |  | | | |  | | | |  | |
| **Details of other facilities if any (Clean & Secured) being availed from other banks/DFIs:** | | | | | | | | | | |
| **Sr. #** | | **Name of the Bank / DFI** | **Approved** | | | | **Nature (Clean /** | | | **Current** |
|  | |  | **Limit** | | | | **Secured)** | | | **Outstanding** |
|  | |  |  | | | |  | | |  |
| **Applied Limits (Including the application in process):** | | | | | | | | | | |
| **Sr. #** |  | **Name of the Bank / DFI** | | **Facility under Process** | | | | **Nature**  **of**  **Facility**  **(Clean/ Secured)** | | |
|  |  |  | |  | | | |  | | |
|  |  |  | |  | | | |  | | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This declaration is compulsory as per SBP instruction via BPRD circular No. 4 dated 11-02-2009)