

**Loan Application Form**

Date:

Policy No:  Owner Name:

Requested Loan Amount:  Maximum Please write amount:

**\*Must have to be fill in the below information**

Tenure of repayment loan:  12 Months  24 Months  36 Months  48 Months  60 Months

Monthly Installment Amount:  BDT

**Please select any of the method of payment.**

Electronic Fund Transfer (EFT, Preferred)

Account Payee Instrument (Cheque)

Please provide your bank details (In Capital English Letter)

A/C Number:

Routing Number:

A/C Name:

Bank Name:

By signing this document, I am hereby confirming I am intending to avail Chartered Life Insurance Company Ltd. policy loan. I understand and accept the current rate of interest for the policy loan. This company reserves right to re-determine the interest of loan anytime without further notice. I accept that CLICL is entitled at its absolute discretion to accept or reject this application without any reason. I am aware of the rate of loan interest as well as terms and condition of the loan. I also confirming that if I am unable for repayment the loan and interest and if loan and interest amount become equal to surrender value or more then the policy will be forfeited immediately. The company will be paid loan and interest through surrender value at its own discretion without further notice.

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Sign & Seal of FA or above

\_\_\_\_\_  
Sign & Seal of BM or above

\_\_\_\_\_  
Cell number of Policy Owner

\_\_\_\_\_  
Cell number of FA or above

\_\_\_\_\_  
Cell number of BM or above

**Please submit the following documents with this form:**

**01. Photocopy of NID/Passport/Driving License (Attested)**

**02. Photocopy of any Bank MICR Cheque leaf of the account cheque**

**For Head Office Use Only.**

Record Verified & Processed By