

EDUCATION FINANCING-i Application Form

Please fill in the form with CAPITAL LETTERS		
FINANCING APPLICATION DETAILS		
Course Fees (Ujrah)	: RM	
Amount sponsored	: RM	
Amount applied	: RM	
Financing tenure	:months	
Financing amount to be approved will be based on credit assessment by the Bank.		
Ujrah Rate: BR + 4.00% p.a.		
**Takaful Coverage	: RM*	(Cash / Financed by the Bank)
Note: * To remove whichever not applicable ** To be advised by the Bank		
Financing reason: Course Fee for Admission into University / College		
FINANCING DETAILS		
		y / College which offers the study course after deducting
other costs set by the Bank, if any (2) Disbursement of financing amount will be made after the Bank receives written confirmation from the University / College in which the deposit or the difference between the full fee amount and financing amount accepted by the University / College or		
any period set by the Bank.The Bank have the right not to proceed with the financing disbursement if there is any changes / difference in the full fee		
amount of the study course on the financing issuance date, unless the customer settle the difference in amount. (4) Payment of Ujrah begins a month after the first disbursement of the financing by the Bank.		
APPLICANT PERSONAL DETAILS		
	STUDENT PERSONA	AL DETAILS

APPLICANT PERSONAL DETAILS		
STUDENT PERSONAL DETAILS		
Title: *Mr / Mrs / Tan Sri / Dato' / Datin / Dr. Miss		
Full Name (as per IC):		
IC Number (New):		
IC Number (Old):		
Date of Birth (dd/mm/yy) : / /		
Age : years	Sex : *Male / Female	
Citizenship:	University / College Name :	
Race:	Permanent Address :	
Phone Number (Mobile) :		
01		



		/
Course Name : Overall Study Period : years /		Mailing Address: (Fill in if address differs with residential address)
Remaining Study Period : years /	semester	
		Postcode :
		City :
		State :
	IOINT APPLICANT	T DEDOCAL DETAILO
		T PERSONAL DETAILS IER / FATHER / SPOUSE
Title : *Mr / Mrs / Tan Sri / Dat	o' Datin / Dr. / Miss	
Title . Wil / Wils / Tall Sil / Dat	O Datil 7 Dr. 7 Wilss	
Full Name (as per IC) :		Permanent Address :
New IC Number :		Postcode :
Old IC Number :		City :
Date of Birth (dd/mm/yyyy) : / /		State :
Age :years		Relationship with primary applicant :
Sex :	*Male / Female	Mailing Address
Marital status :	*Married / Single / Widow	(Fill in if address differs with residential address)
Number of dependencies :		
Citizenship:		
Race:		
		Postcode :
		City :
		State :
Email Address		Phone Number (Home) : 60
Email Address :		, , <u>– — — </u>
		Phone Number (Mobile) : 01



Working Sector : [] Private [] Government	Designation :
Name of Employer :	Period of Service :years
Employer's Address :	Job type : (permanent / contract / side)
Employer's Address :	Monthly Salary : RM
	Other salaries : RM
	Previous Employer :
Postcode : City :	Designation :
State:	Period of Service :
Phone Number (Office) : 60	
Fax Number : 60	

SECONDARY APPLICANT DETAILS / GUARANTOR (if applicable)		
Title: *Mr. / Mrs. / Ms. / Tan Sri	/ Dato' / Datin / Dr	
Full Name (as per IC) :		Permanent Address :
New IC Number :		Postcode :
Old IC Number :		City :
Date of Birth (dd/mm/yyyy) : / /		State :
Age : years		Relationship with Primary Applicant :
Sex : Marital status : Number of dependencies : Citizenship : Race :	*Male / Female *Married / Single / Widow	Mailing Address :
Email Address :		Phone Number (Home) : 60 Phone Number (Mobile) : 01



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] Private [] Govern	ment	Designation :		
Name of Employer :			Period of Service :	years	
Employer's Address	:		Job type :	(permanent / contra	ct / side)
			Monthly Salary : RM		
			Other salaries : RM _		
			Previous Employer :		
Postcode :	City :		Designation :		
			Period of Service :		
	ce) : 60				
rax Number : 60					
	NAME OF FAMILY ME		REFERENCE VHO ARE NOT STAYII	NG WITH APPLICAN	Γ)
Full Name (as per IC	:)·		Phone Number (Hom	,	
			Phone Number (Mob Phone Number (Office		
			Friorie Number (Ome	.e) .00	
Permanent Address	:		Mailing Address :		
			(Fill in if address diffe	ers with residential add	ress)
					
					
Postcode :	City :		Postcode :	City :	
State :			State :		
_			_	<u> </u>	
Financial Details					
	avings / Fixed Deposit /	•			
Bank	Account Type	Amount (RM)	Monthly Installment (RM)	Latest Balance (RM)	Date Financing Ends

ACKNOWLEDGEMENT / ACCEPTANCE AGREEMENT

- I certify that the information provided in this form is true and correct in accordance with the Islamic Financial Services Act 2013 (IFSA) and the Central Bank of Malaysia Act 2009 (CBA). I will be fully responsible for all information that is false, inaccurate or incomplete information in this form. I hereby authorize the Bank to disclose such information to BNM in accordance with the IFSA and CBA. I will also abide by the Foreign Exchange Administration 2013 (FEA) that can be downloaded in BNM's website.
- 2. I confirm that my family and I do not have a direct line to any director or employee of Affin Islamic Bank Bhd / Affin Bank Berhad.
- 3. I also confirm that the funds to be used for payment of the financing are neither obtained from any unlawful source nor related to any unlawful activities as defined under the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001(AMLATFPUAA).



- 4. I agree to give consent and permission on a continuous basis to Affin Islamic Bank Berhad to carry out the relevant credit references with external parties, including but not limited to CCRIS, CTOS, FIS, DCHEQS or credit reference agencies and during credit reference initiative, the Bank is entitled to disclose relevant information to assist external parties in giving Bank the desired reference / result.
- 5. I hereby authorize Affin Islamic Bank Berhad to disclose information relating to the financing or my account to Bank Negara Malaysia as prescribed by law or otherwise. Affin Islamic Bank Berhad shall not be liable, directly or indirectly, caused by exposure, either to me or any other party.
- 6. I declare that:
 - a) I am not an undischarged bankrupt / insolvent.
 - b) I have never committed any act of bankruptcy as defined under Section 3 of the Bankruptcy Act 1967.
- 7. I also understand that: -
 - Acceptance of this application by the Bank is not an approval to the facility applied for.
 - b) The Bank reserves the right to reject this application in its sole discretion and without assigning any reason.
 - c) The Bank at its sole discretion reserves the right to make any modification, reduction or cancellation of this financing application at any time if approved by the Bank.
 - d) This application is an absolute right of the Bank regardless of whether the financing is approved or rejected by the Bank.
 - e) All other terms and conditions that are not contained in the application form above will be disclosed in the documents introduced for this financing.
- I agree that the amount credited to my account is the total amount of financing applied for and approved after deducting other
 costs. The amount will not affect the validity of the terms and conditions (Terms and Conditions) enclosed with the application
 form.
- 9. I agree to make monthly payments in cash as determined by the Bank if my employer does not / has failed to make the deduction in salary as scheduled for my financing.
- 10. In a situation where the Bank in its absolute discretion to approve the financing amount lower than the amount specified in this application, I hereby declare that the reduced amount approved and credited to my account is the total amount of financing applied for and given and I received the amount as approved by the Bank and shall not affect the validity of the terms of the Letter of Offer and terms and in such financing would mean a reduced amount of financing approved.

PERMISSION FOR DIRECT MARKETING AND OTHERS

I authorize Affin Bank Group (ABG) (as defined in the Privacy Notice set) and any other party authorized by ABG to collect, use, disclose and / or processing of my personal data, and share information / data to the private partners in ABG (where relevant, depending on the product or service that has been applied for or has the potential to benefit from), as well as advertising, events, promotions, inquire about the user or the market and identify the product or services that may be appropriate for me (For campaign purpose). I understand and agree to the terms and conditions above and fully understand that the Privacy Notice set can be found by visiting any office or branch of ABG or through the website at www.affinislamic.com.my or www.affinbank.com.my and otherwise, I have the right to withdraw such consent.

SUPPORTING DOCUMENTS
Application Form
Copy of Identity Card (Front & Back)
Letter of Offer from University / College indicating total amount of study fees for the whole course
Letter of Acknowledgement from University / College indicating approved financing/loan from third party
 (PTPTN/MARA/JPA)
Letter of Acknowledgement from student acknowledged by University / College indicating student opted
for full financing from the Bank (if student do not apply for financing/loan from third party)
Current bill of study semester
Reducing Term Takaful (RTT) Schedule
Product Disclosure Sheet (PDS)
Additional documents (if necessary)



Working Individual or Salaried employee		
Copy of 3 months latest salary slip (certified)		
Copy of 3 months latest bank statement where salary is credited		
Copy of 6 months latest commission slip (for commission	based worker)	
Latest EA Form or latest B Form supported by Tax payme	ent receipt or E-filing	
Latest EPF statement		
Self-working / Own business		
Copy of Personal Bank Account or 6 months latest		
Copy of latest profit & loss account or management		
Latest B Form supported by tax payment receipt or E-filin	g	
Other applicable supporting documents		
I / WE ACKNOWLEDGE AND ACCEPT ALL THE TERMS AND O	CONDITIONS IN THIS ADDITION FORM	
I WE ACKNOWLEDGE AND ACCEL I ALE THE TERMS AND	CONDITIONS IN THIS ATTEICATION FORM	
STUDENT'S NAME: NRIC :		
DATE :		
JOINT APPLICANT NAME:	JOINT APPLICANT NAME:	
NRIC :	NRIC :	
DATE :	DATE :	
Signature acknowledged by:		
STAFF NAME :		
PS NO :		
FOR OFFICE'S USE (HEADQUARTER)		
L		
Savings Account Number :	Branch:	
Date received :	Recipient's signature:	
	Staff's Name:	
	PS Number:	

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