

# ISLAMIC CO-OPERATIVE FINANCE AUSTRALIA (ICFAL) LIMITED.

Unit 6, Level 1, 22 Auburn Road Auburn NSW 2144

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## FINANCE APPLICATION FORM

MURABAHA / MUSHARAKA / ISTIJNA

### Personal Details:

Membership Number: \_\_\_\_\_

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Driver's Lic: \_\_\_\_\_ Passport No: \_\_\_\_\_ A.B.N. (Business): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Employment Details:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of service: \_\_\_\_\_

Employment status:  Full Time  Part Time  Casual

### Details of Products to be purchased

Product Type: \_\_\_\_\_

Expected cost of purchase: \$ \_\_\_\_\_ Member Equity: \$ \_\_\_\_\_

Proposed Repayment Term: \_\_\_\_\_ Months Finance Type: Murabaha / Musharaka

### Income & Expenses assessment:

#### Monthly Expenses:

Rental / Mortgage Payment: \$ \_\_\_\_\_

Insurance (Car /House etc): \$ \_\_\_\_\_

Superannuation: \$ \_\_\_\_\_

Bills (Utilities /Phones etc.): \$ \_\_\_\_\_

Other expenses/Commitments: \$ \_\_\_\_\_

Total Expenses (E): \$ \_\_\_\_\_

#### Monthly Income (After Tax):

Salary /Wages: \$ \_\_\_\_\_

Self Employment: \$ \_\_\_\_\_

Family / Parenting /Pension: \$ \_\_\_\_\_

Other Income(s): \$ \_\_\_\_\_

Total Income (I): \$ \_\_\_\_\_

Disposable Income (I-E): \$ \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

### Authorization & Declaration:

I declare that, to the best of my knowledge, the information given here is in all aspects a full and true statement of my personal and financial particulars. I hereby authorize ICFA Limited to verify the information from applicable source including any credit rating / reference authority and the information of such inquires to remain confidential. I understand the ICFA Halal finance policies and processes.

⇒ Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Attachment Checklist:

Last two Pay slips &  Last Group Certificate or  Copy of last tax return &  Guarantor form

### ICFAL OFFICE USE ONLY

Date Received: \_\_\_\_\_ Member's Status: \_\_\_\_\_

Data Verified by: \_\_\_\_\_ Assigned ICFA representative

Approved Amount: \_\_\_\_\_ if not approved then write reasons below

Signature of Chairman

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