

ISLAMIC CO-OPERATIVE FINANCE AUSTRALIA (ICFAL) LIMITED.

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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: _____