


 Applicant's
 Photo

Application for MBL CareCredit Facility

I /We.....would like to request your good Bank for credit limit of for the period ofmonths. I hereby declare that information furnished in this application is true. In case of misrepresentation and/or the information provided is proved to be incorrect, I/we assume full responsibility for any consequences thereof and agree that the Bank may prosecute me/us as per prevailing law.

Personal Detail

Name									
	First Name			Middle Name			Last Name		
Sex	<input type="checkbox"/> M	<input type="checkbox"/> F	Nationality	Date of Birth(AD)					
Educational Qualification	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Under Graduate	Others.....					
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Others.....	No. of Dependents					

Family Detail

S.N.	Relation	Name, Surname	Citizenship Certificate No.	Issue Date	Issue District
1.	Applicant				
2.	Father				
3.	Mother				
4.	Spouse				
5.	Grand Father				
6.	Grand Mother				
7.	Son/Daughter				
8.	Son/Daughter				
9.	Son/Daughter				
10.	Son/Daughter				
11.	Father in law				
12.	Mother in Law				
13.	Daughter in law				
14.	Son in Law				

Attach separate sheet if required

Residential Address

District				VDC/Municipality						
Tole	House No.			Ward	Tel (Home)					
Mobile				Email						
Nearest Landmark										
I have been staying in the present residence forYrs.....Months				Type of Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Others.....						

Permanent Address

District				VDC/Municipality						
Tole	House No.			Ward	Tel					
Nearest Landmark										

Official Address

Office Name										
District				VDC/Municipality						
Tole	House No.			Ward	Tel					
Nearest Landmark										

Occupation Detail

Salaried
 Self Employed
 Rental Income
 Pension
 Professional

Others (Please specify).....

Company Name:					Designation:				
Company Contact Number					Company Email:				
Company Address:Zone		District		VDC	Ward No.		Tole	House No.	
Years of Employment:					Department:				
Relationship With MBL									
<input type="checkbox"/> Deposit Account	<input type="checkbox"/> Home Loan		<input type="checkbox"/> Car Loan		<input type="checkbox"/> Business Loan		<input type="checkbox"/> Others.....		
Bank Account Number									

Location Map

Permanent Address	Residential Address
↑ N	↑ N

Reference	
Name of Referee, if any:	
Address:	
Email:	Mobile No:

Income Detail	
Sources of Income	Monthly Amount (NPR)
1.	
2.	
3.	
4.	
Total Monthly Income	
Total Monthly Expenses	
Applicable Taxes	
Net Monthly Income	

Existing Loan Details			
Name of Bank/ FI	Type of Loan	Interest Rate	Total Loan Amount (NPR)

Existing Credit Card Detail			
Type of Card	Issuing Bank's Name	Date of issue	Credit Limit (NPR)

Bank Account Detail (Other than MBL)			
Name of Bank	Account number	Account Type	Balance (NPR)

Contact Detail

Name of Contact person	Relationship	Contact Number

Mode of Payment

Payment Through MBL Account Direct Deposit into Credit Card Account

Standing Instruction: Please debit my account number maintained withbranch by NPRper month to settle my credit card dues.

.....
Signature

S.No	Documents Required	For Bank's Use Only (Tick if provided)
1.	Copy of citizenship/ passport	
2.	Latest Salary Certificate (If salaried)	
3.	Lastest Financial Statements (If self employed)	
4.	Recent PP size photograph	
5.	PAN/VAT Certificate (if Self Employed)	
6.	MOA/AOA of company	
7.	Rental Agreement (In case of Rental Income)	
8.	Pension book (In case of Pensioner)	
9.	Bank Statements	
10.	Other relevant documents as required by the Bank.	

CareCredit on Lien Against MBL Bank Account

Branch	Account Number	Account Title	Lien Amount (NPR)

I hereby authorize Machhapuchchhre Bank Limited to hold the above mentioned funds in my account as a security for the CareCredit and the Bank is always entitled to set off or transfer the required amount as per the policy of the Bank without any reference to me to fully realize the entire outstanding amount on my CareCredit Facility.

.....
Signature of Applicant

Declaration

I herewith submit my application for a MBL Visa CareCredit facility and confirm that I have understood the terms and conditions as mentioned below.

1. Application Processing:
 - I have signed the application form and confirm that all the information contained therein is true and correct.
 - I hereby authorize the Bank to verify any information from whatever source it may consider appropriate.
 - I accept that the Bank has full right to accept or reject this application without assigning any reason whatsoever and that the application and its supporting documents will become part of the Bank's record and shall not be returned to me.
 - By signing and activating or using the CareCredit facility, I agree to be bound by the Terms and Conditions as mentioned in the Bank's CareCredit Application as well as in the CareCredit offer letter.
 - I understand that my application may take a minimum of 7 working days from the time of submission of all CareCredit facility related documentation as required by the Bank. I also confirm that I have not been promised any discount / free gift of any other commitment whatsoever (which is not documented in the agreement) by MBL or any of its authorized representatives.
2. Product Information : I understand that
 - CareCredit is a hybrid credit facility offered by the bank
 - CareCredit facility is a credit card facility as well as a term loan booked in the name of customer by freezing the credit card balance of the customer
 - I can use the free balance on credit card and my credit card balance unfreezes after payment of term loan on EMI basis.
3. Financial Charge: I understand that
 - The financial interest rate on offered at present amount relating to the CareCredit facility is 14% p.a and EMI is calculated at the interest rate of 14% p.a. for the applicable period of time.
 - The financial interest rate on used credit card except limit used under CareCredit facility is 2% per month.
 - The financial charges are calculated on a daily basis and continue to accrue daily on the balance outstanding until full payment is credited to the card account.
 - Any financial charge debited to the Card Account is up to the statement date.
 - For all Cash withdrawals using the CareCredit financial charges will be charged from the day of advance to the day of full payment.
 - When the full payment is made after the due date the financial charges will be levied on the total outstanding from the statement date till the date of payment.
 - On part payments financial charges will be calculated from transaction date to payment date on the full outstanding and from the payment date to the next statement date on the remaining outstanding amount.
 - On outstanding carried forward (rolled over amounts) financial charges will be levied from transaction date till the payment date.
 - If there is carried forward balance, financial charges will be levied on current purchases too. The financial charges are calculated from the transaction date.
4. Fees and Penal Charges: I understand that I need to pay all the fees and charges as per the standard tariff of charges of MBL, which published on the official website of the Bank (www.machbank.com).
5. If the card is lost or damaged I shall immediately notify the Bank. If any financial loss or damage incurs due to inability to inform on timely manner I shall be solely responsible. In addition, it shall be my responsibility to timely inform the Bank or any agents authorized by the Bank in writing within 24 hours after informing bank or agents authorized by the Bank.
6. I understand that the MBL CareCredit is the property of MBL and I need to return it back to the Bank after expiry, or at the time of discontinuation of carecredit facility. I also understand that I need to notify the Bank in written form in order to stop carecredit facility.
7. I understand that the Bank is authorized to recover any due amount from my account maintained at MBL.
8. I understand that, for any cancelled/incomplete transaction, I shall get refund from MBL only after MBL receives the refund amount from the merchant.

9. I understand that payment made through cheque will reflect to my carecredit settlement account only after realization of cheque by the Bank.
10. I understand that applicable taxes can be deducted from my CareCredit balance as per prevailing laws.
11. Acceptance/Usage:
- I understand and agree that the Bank may or may not accept request for MBL Visa CareCredit.
 - Nepal Rastra Bank Requirements: I understand that
 - The use of my card is confined to Nepal and India and should not be used outside these countries. The use of my card outside these countries makes my card liable for immediate cancellation and any other appropriate action as stipulated in the prevailing laws, directives issued by Nepal Rastra Bank or other regulatory bodies from time to time. I will be liable and responsible to clear all outstanding without prejudice to any right, remedy or action available against me, by Nepal Rastra Bank, the Bank or any regulatory agency.
 - The maximum amount that I may draw as Cash Advance while visiting India is as advised by Nepal Rastra Bank, from time to time and subject to my credit limit and available balance.
 - I shall not use the card against the spirit of Asset (Money) Laundering Prevention Act, 2064, Foreign Exchange Management Act, 2019 and relevant NRB directives and circulars.
12. Card Expiry and Renewal
- I understand that
- My card will be valid for the period mentioned as expiry date in the card and my card will be automatically renewed if I don't have any overdue payments over 30 days. I also authorize MBL to recover applicable renewal charges for renewal of my carecredit facility.
 - If I don't intend to renew the card I must notify MBL in writing 60 days prior to the expiry date.
 - If I cannot collect MBL Credit Card within 60 days of beginning of the validity, my card will be destroyed and the related card will be closed. If I desire to reactivate the card account the same must be done before 6 months of the expiry of the destroyed card and I will be charged processing fees as determined by the Bank.
13. Disputes and Resolutions:
- I believe that if an error has occurred in my card account, I should contact Bank promptly within 30 days of the date of settlement.
14. Termination:
- I understand that the Bank may at any time recall my Card/s and terminate its/ their use with or without giving prior notice to me. After such recall I will return such Card(s) to the Bank and make full payment of all Charges and liabilities to the Bank.
15. Post Approval:
- MBL has the sole and absolute right to change the terms and conditions of the CareCredit Agreement, but MBL will give prior notice before changing the terms and conditions of the CareCredit Agreement via registered email with the Bank or via its website www.machbank.com. I need to inform the Bank regarding any change in my occupation/employment/status and change of address and to provide any further information that the Bank may require within 7 days from the date of change.
16. Indemnity:
- I hereby undertake and agree to indemnify the Bank against any loss, damage, liability, costs and expenses incurred by the Bank on account of any breach by me or the supplementary CareCredit holder of the aforesaid conditions or any terms and conditions contained in the Bank's CareCredit/Credit Card Agreement or by any legal disability or incapacity of the Supplementary Cardholders.
17. Consent for freedom to disclose information: I/We hereby give consent to the Bank, its officers and agents for disclosing information relating to me/us and my/our account(s) and/or dealing relationship(s) with the Bank including but not limited to details of my/our facilities, any security taken, transactions undertaken and balances and positions with the Bank to,
- Any actual or potential participant or sub-participant in relation to any of the Bank's rights and/or obligations under any agreement between us, or assignee, or transferee (any agent or adviser of any of the foregoing) of the Bank.
 - Banks and Financial Institutions licensed by Nepal Rastra Bank regarding my credit status.
 - any court or tribunal or regulatory, supervisory, governmental or quasi-governmental authority

Date:

Signature: