

STATE MORTGAGE AND INVESTMENT BANK

“Working Capital Loan Facility” (Under CBSL 4% Refinance facility) Request Form

1. Name and Contact details of Applicant/Partner/Director :

Name	Address and Contact No.	NIC No.

2. Status of Applicant/s:

Individual Sole proprietor Partner Other

3. Business Registration Number :

4. Business Address/Location of the business

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5. District :

6. Brief description of the Business /Project to be finance under the working capital loan Facility (Purpose of the Loan).

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7. Type of Facility New Additional

8. Working capital loan amount expected from SMIB Bank : Rs.

I certify that the submitted above information are true and correct and consider my request under the working capital loan refinance Facility scheme.

Date :

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Signature of Applicant