



Marshall Islands Development Bank

Post Office Box 1048
Majuro, Republic of the Marshall Islands
MH 96960

Food Security LOAN APPLICATION

| | | | | | |
|--|-----------------------------|--|--|------------------------------------|----------------------------------|
| Choice of Credit (Please check one) <input type="checkbox"/> Only for Applicant. Complete information on applicant only. <input type="checkbox"/> Credit for Applicant and Spouse or Co-Applicant. Complete information on applicant and spouse or co-applicant. | | | | | |
| Purpose of Loan | | | Amount of Loan Request | | |
| APPLICANT INFORMATION | | | | | |
| Applicant Name | | Birthdate | Social Security Number | Citizenship | |
| Mailing Address | City | Zip | Where do you live (Delap, Uliga, etc.) | Atoll | Phone |
| P.O. Box: | | | | | No. of Dependents |
| Employer (Ex. Ministry of Education, etc.) | | Position/Title | | How Long YRS. MOS. | |
| Employer Address | | Location where you work | Supervisor Name | Employer Phone Number | |
| Previous Employer & Address (If present employment is less than 2 years) | | Position/Title | | How Long YRS. MOS. | |
| Applicant Income Source | Amount | Bi-wkly, mo., qtrly, etc. | Date Income Started | Date Income Ends | |
| 1. Salary | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| Continuous Gross Monthly Income SALARY \$ | | | + OTHERS \$ | Total Gross Monthly Income = \$ | |
| Applicant's Allotments: (MEC, NTA, etc.) | | | | | |
| Institutions making allotment (Bank, etc.) | Name of Allottee (Creditor) | Allotment Amount per Period (ex. \$15/bi-week) | Date Started | Ending Date | Purpose |
| | | | | | |
| | | | | | |
| | | | | | |
| Company Name | | | | | |
| Loans with Financial Institutions or Others: | | | | | |
| With | Type | Beginning Amount | Date Started | Ending Date | Payment/Period (ex. \$200/month) |
| M.I.D.B. | | | | | |
| B.O.M.I. | | | | | |
| Bank of Hawaii | | | | | |
| Bank of Guam | | | | | |
| Other (Specify): | | | | | |
| Do you own your house or do you rent? | | | Monthly Payment for house | Balance Owing | |
| Automobile (Include make, model, and year) | | | Monthly Car Loan Payment | Balance Owing | |
| Other debts (Private Loans, Child Support, Alimony, etc.) | | | Monthly Payment | Balance Owing | |
| Applicant ASSET Information (Please tell us what you own) | | | | | Amount / Value |
| Checking Account No. | | Company Name | | \$ | |
| Savings Account No. / Money Market | | | | | |
| House (if owned and on leased land) | | | | | |
| Other Assets (Describe) | | | | | |
| TOTAL ASSETS: | | | | | \$ |

| CO-APPLICANT INFORMATION | | | | | | |
|--|-----------------------------|--|----------------|--|----------------------------------|-----------------------|
| Co-Applicant Name | | Birthdate | | Social Security Number | | Citizenship |
| Mailing Address | | City | Zip | Where do you live (Delap, Uliga, etc.) | Atoll | Phone |
| P.O. Box: | | | | | | No. of Dependents |
| Employer (Ex. Ministry of Education, etc.) | | | Position/Title | | How Long | |
| | | | | | YRS. MOS. | |
| Employer Address | | Location where you work | | Supervisor Name | | Employer Phone Number |
| Previous Employer & Address (If present employment is less than 2 years) | | | Position/Title | | How Long | |
| | | | | | YRS. MOS. | |
| Co-Applicant Income Source | Amount | Bi-wkly, mo., qtrly, etc. | | Date Income Started | Date Income Ends | |
| 1. Salary | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| Continuous Gross Monthly Income | | | | | Total Gross Monthly Income | |
| SALARY \$ | | | + OTHERS \$ | | = \$ | |
| Co-Applicant's Allotments: (MEC, NTA, etc.) | | | | | | |
| Institutions making allotment (Bank, etc.) | Name of Allottee (Creditor) | Allotment Amount per Period (ex. \$15/bi-week) | | Date Started | Ending Date | Purpose |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Company Name | | | | | | |
| Loans with Financial Institutions or Others: | | | | | | |
| With | Type | Beginning Amount | Date Started | Ending Date | Payment/Period (ex. \$200/month) | |
| M.I.D.B. | | | | | | |
| B.O.M.I. | | | | | | |
| Bank of Hawaii | | | | | | |
| Bank of Guam | | | | | | |
| Other (Specify): | | | | | | |
| Do you own your house or do you rent? | | | | Monthly Payment for house | Balance Owing | |
| Automobile (include make, model, and year) | | | | Monthly Car Loan Payment | Balance Owing | |
| Other debts (Private Loans, Child Support, Alimony, etc.) | | | | Monthly Payment | Balance Owing | |
| Co-Applicant ASSET Information (Please tell us what you own) | | | | | | Amount / Value |
| Checking Account No. | | Company Name | | | \$ | |
| Savings Account No. / Money Market | | | | | | |
| House (if owned and on leased land) | | | | | | |
| Other Assets (Describe) | | | | | | |
| CO-APPLICANTS TOTAL ASSETS: | | | | | | \$ |

I CERTIFY THAT ALL THE INFORMATION I (WE) HAVE STATED ON THIS APPLICATION IS TRUE AND CORRECT, AND I (WE) AUTHORIZE THE MARSHALL ISLANDS DEVELOPMENT BANK TO MAKE ANY INQUIRIES ABOUT MY (OUR) FINANCES, EMPLOYMENT, AND CREDIT HISTORY WHICH THEY FEEL ARE NECESSARY AND PROVIDE INFORMATION TO OTHERS AS LEGALLY PERMITTED.

| | | | |
|-----------------------|------|--------------------------|------|
| APPLICANT'S SIGNATURE | DATE | CO-APPLICANT'S SIGNATURE | DATE |
|-----------------------|------|--------------------------|------|

| |
|---------------|
| BANK USE ONLY |
|---------------|



Marshall Islands Development Bank

P.O. Box 1048

Majuro, MH 96960

Ph: (692) 625-3230/3223/5270

Fax: (692) 625-3309

Email: midbrmi@ntamar.net/ rmimidb@hotmail.com

USDA
 P.O. Box 764
 Majuro, MH 96960

DATE:

Dear Account officer:

The undersigned Marshall Islands Development Bank (MIDB) loan applicant: _____ has given the MIDB authorization to obtain all types of information from your lending institution in order to determine credit worthiness. As such, please provide us the following information, sign, and return as soon as possible.

CREDIT INFORMATION:

| Amount Borrowed | Open Date | Current Balance | Payment | Term | Last Payment | Next Payment | Credit Rating |
|-----------------|-----------|-----------------|---------|------|--------------|--------------|---------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Comments about applicant's credit history with your bank: _____

DEPOSIT INFORMATION:

| Account Type | Account Number | Current Balance | Average Balance | Date Opened |
|--------------|----------------|-----------------|-----------------|-------------|
| | | | | |
| | | | | |

 PRINT BANK EMPLOYEE NAME

 SIGNATURE

 DATE

AUTHORITY TO RELEASE AND OBTAIN INFORMATION

The undersigned hereby authorized(s) the Marshall Islands Development Bank (MIDB) to obtain from and for and/or to disclose to other lending institution all types of information pertaining to the undersigned's request for financial with MIDB. This authorization shall remain in effect during the processing of the loan application and shall also be in effect for the duration of the term of the loan should be consummated.

 PRINT NAME

x _____
 APPLICANT SIGNATURE

 DATE



Marshall Islands Development Bank

P.O. Box 1048

Majuro, MH 96960

Ph: (692) 625-3230/3223/5270

Fax: (692) 625-3309

Email: midbrmi@ntamar.net/ rmimidb@hotmail.com

Ajejdrikdrik
 P.O. Box 318
 Majuro, MH 96960

DATE: _____

Dear Account officer:

The undersigned Marshall Islands Development Bank (MIDB) loan applicant: _____ has given the MIDB authorization to obtain all types of information from your lending institution in order to determine credit worthiness. As such, please provide us the following information, sign, and return as soon as possible.

CREDIT INFORMATION:

| Amount Borrowed | Open Date | Current Balance | Payment | Term | Last Payment | Next Payment | Credit Rating |
|-----------------|-----------|-----------------|---------|------|--------------|--------------|---------------|
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 PRINT NAME

x _____
 APPLICANT SIGNATURE

 DATE



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P.O. Box 1048

Majuro, MH 96960

Ph: (692) 625-3230/3223/5270

Fax: (692) 625-3309

Email: midbrmi@ntamar.net/rmimidb@hotmail.com

BOG
P.O. Box C
Majuro, MH 96960

DATE:

Dear Account officer:

The undersigned Marshall Islands Development Bank (MIDB) loan applicant: _____ has given the MIDB authorization to obtain all types of information from your lending institution in order to determine credit worthiness. As such, please provide us the following information, sign, and return as soon as possible.

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DEPOSIT INFORMATION:

| Account Type | Account Number | Current Balance | Average Balance | Date Opened |
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PRINT NAME

x _____
APPLICANT SIGNATURE

DATE



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P.O. Box 1048

Majuro, MH 96960

Ph: (692) 625-3230/3223/5270

Fax: (692) 625-3309

Email: midbrmi@ntamar.net/ rmimidb@hotmail.com

BOMI
P.O. Box J
Majuro, MH 96960

DATE:

Dear Account officer:

The undersigned Marshall Islands Development Bank (MIDB) loan applicant: _____
has given the MIDB authorization to obtain all types of information from your lending institution in order to determine credit worthiness. As such, please provide us the following information, sign, and return as soon as possible.

CREDIT INFORMATION:

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Comments about applicant's credit history with your bank: _____

DEPOSIT INFORMATION:

| Account Type | Account Number | Current Balance | Average Balance | Date Opened |
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PRINT BANK EMPLOYEE NAME

SIGNATURE

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PRINT NAME

x _____
APPLICANT SIGNATURE

DATE



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Majuro, MH 96960

Ph: (692) 625-3230/3223/5270

Fax: (692) 625-3309

Email: midbrmi@ntamar.net/ rmimidb@hotmail.com

MISCO
P.O. Box 360
Majuro, MH 96960

DATE:

Dear Account officer:

The undersigned Marshall Islands Development Bank (MIDB) loan applicant: _____ has given the MIDB authorization to obtain all types of information from your lending institution in order to determine credit worthiness. As such, please provide us the following information, sign, and return as soon as possible.

CREDIT INFORMATION:

| Amount Borrowed | Open Date | Current Balance | Payment | Term | Last Payment | Next Payment | Credit Rating |
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x _____
APPLICANT SIGNATURE

DATE

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VERIFICATION OF EMPLOYMENT

| | |
|---|---|
| To: (Name & Address of Employer) _____ P.O. Box Majuro, MH 96960 | From: (Bank Name & Address) MIDB P.O. Box 1048 Majuro, MH 96960 |
| Name & Address of Applicant _____ P.O. Box Majuro, MH 96960 | Signature of Applicant x _____ |

_____ an applicant applying for credit at the Marshall Islands Development Bank has stated that he/she is employed by your company. His/her signature authorizes you to release the information requested below:

1. Is Applicant currently employed? _____ Yes _____ No
2. Total time of employment? _____ Yrs. _____ Mos.
3. Probability of continued employment for 36 months? _____ Yes _____ No
4. Employment contract expiration? _____ Yes _____ No
5. Position or job title? _____
6. Gross monthly income. (If commissions are involved, Briefly explain.) _____
7. Total deductions, including other payments. \$ _____

| | | |
|---|--------------------|---------------|
| _____ Signature of Employer Representative | _____ Title | _____ Date |
| _____ Secretary/Agency (Consent) | _____ Signature | _____ Date |
| _____ Public Service Commission (Verification) | _____ Signature | _____ Date |



Marshall Islands Development Bank

P.O. Box 1048 * Majuro, Republic of the Marshall Islands, MH 96960 *Phone: 625-3230/5270; Fax: 625-3309

Holder #: _____

Full Name: _____ Social Security #: _____ Date of Birth: ___ / ___ / _____

P.O. Box #: _____ Employer: _____ Job Title: _____

Telephone # (Home): _____ (Work): _____ (Mobile): _____

Relationship to Borrower: _____ I Ck stub: []

PERSONAL GUARANTEE

I, _____, do hereby solemnly declare that I agree to stand as

Guarantor for _____ (the Borrower(s)) up to an aggregate amount of

U.S.Dollars: _____ (\$_____).

I further agree and accept to bear all responsibilities for the repayment of any installment(s) / interest / any part of the principal due to the Marshall Islands Development Bank (the Bank) by the borrower(s). I would be held responsible to pay any of the outstanding principal and or interest, including all charges, upon receipt of notice without any further queries.

If upon a delinquency of more than 14 days, the Bank may sue in the courts of the Republic of the Marshall Islands. If because of such a delinquency, the Bank hires an attorney to help enforce this note, the Guarantor will also owe to the Bank court costs and reasonable attorney fees.

Guarantor Signature

Date



Marshall Islands Development Bank

P.O. Box 1048 * Majuro, Republic of the Marshall Islands, MH 96960 *Phone: 625-3230/5270; Fax: 625-3309

Holder #: _____

Full Name: _____ Social Security #: _____ Date of Birth: ___ / ___ / _____

P.O. Box #: _____ Employer: _____ Job Title: _____

Telephone # (Home): _____ (Work): _____ (Mobile): _____

Relationship to Borrower: _____ I Ck stub: []

PERSONAL GUARANTEE

I, _____, do hereby solemnly declare that I agree to stand as

Guarantor for _____ (the Borrower(s)) up to an aggregate amount of

U.S.Dollars: _____ (\$_____).

I further agree and accept to bear all responsibilities for the repayment of any installment(s) / interest / any part of the principal due to the Marshall Islands Development Bank (the Bank) by the borrower(s). I would be held responsible to pay any of the outstanding principal and or interest, including all charges, upon receipt of notice without any further queries.

If upon a delinquency of more than 14 days, the Bank may sue in the courts of the Republic of the Marshall Islands. If because of such a delinquency, the Bank hires an attorney to help enforce this note, the Guarantor will also owe to the Bank court costs and reasonable attorney fees.

Guarantor Signature

Date