



Marshall Islands Development Bank

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

Solar Energy Loan APPLICATION

Choice of Credit <i>(Please check one)</i>					
<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				Total Gross Monthly Income	
SALARY \$		+ OTHERS \$		= \$	
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
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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

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

DEPOSIT INFORMATION:

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 SIGNATURE

 DATE

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 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

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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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

**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.

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SIGNATURE

DATE

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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.

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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

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: []

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Guarantor Signature

Date