



APPLICATION FOR CONSUMER LOAN FOR PENSIONERS

PERSONAL DATA ON THE BORROWER				
Name:		Surname:		
Unique ID No.:		Identification: <input type="checkbox"/> ID card <input type="checkbox"/> Passport		Reg. No.
Address (as in the ID card):		Place:	City:	Country:
Contact address:		Place:	City:	Country:
Education*: <input type="checkbox"/> UG <input type="checkbox"/> CG <input type="checkbox"/> HSG <input type="checkbox"/> PEG		Marital status *: <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> other		Number of family members supported:
Tel.:		Cell phone No.:		e-mail:
DATA ON BORROWER'S RELATED PARTIES				
Do you have any direct or indirect control (over 50%) at any legal entity: <input type="checkbox"/> NO <input type="checkbox"/> YES				
Name of the entity:		Corporate Reg. No.:		
Are you member of any managing authority or representation board at any legal entity: <input type="checkbox"/> NO <input type="checkbox"/> YES				
Name of the entity:		Corporate Reg. No.:		
Data on family members: (Name, surname and Unique ID No.)	Mother:	Father:	Spouse:	Child: Child:
	Unique ID No.:	Unique ID No.:	Unique ID No.:	Un. ID No.: Un. ID No.:
PENSION DATA				
Pension is received through Komerцијална Банка on the account No. _____				
DATA ON THE FINANCIAL STANDING OF THE BORROWER				
Real property description: <input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> vacation house <input type="checkbox"/> land <input type="checkbox"/> other ownership % vehicle: <input type="checkbox"/> yes <input type="checkbox"/> no				
Monthly income:	Pension:	Rents:	Other income:	Total:
Monthly expenses:	Rents:	Insurance:	Other expenses:	Total:
DATA ON THE LOAN				
Loan amount required: MKD _____		Loan term: _____ months		
Method of repayment: <input type="checkbox"/> standing order on transaction account				
The loan funds to be transferred on transaction account No.: _____				
PERSONAL DATA ON THE GUARANTOR				
Name:		Surname:		
Address:		Place:	City:	Country:
Unique ID No.:		ID card No.:		Number of family members supported:
Tel.:		Cell phone No.:		e-mail:
Signature: Borrower		Signature: Guarantor		Place: Date:

The data marked by * are not mandatory and may not be filled out. I confirm that the data filled out are accurate and I will notify the Bank on any change thereof. I have been informed that the Bank will use my personal data in accordance with the law regulations and Bank's rules for personal data protection. I am informed about the terms of the loan and I accept them. I will neither use the loan funds for settlement of overdue liabilities or liabilities that mature within 30 days to Komerцијална Банка АД Скопје, nor for purchase of shares issued by Komerцијална Банка АД Скопје.

To be filled out by the Bank

Application received by: _____ Date: _____

(name and seal of the enterprise
or other legal entity)

No. _____

**CERTIFICATE FOR REGULAR EMPLOYMENT AND SALARY AMOUNT
VERIFIED BY THE ENTERPRISE OR OTHER LEGAL ENTITY**

FOR **GUARANTOR**

I. GENERAL DATA FOR THE GUARANTOR:

Name and surname:		Address (as in the ID card):			Date and place of birth:	
Unique ID No.:			ID card No.:			
Name of the enterprise:			Address of the enterprise:			
Tax No.:		Corporate Reg. No.:	Tel.:	Fax:	e-mail:	
Giro account:			Depositor of:			
Job title _____, total length of service ____ years, out of which ____ years in recent entity						

II. DATA ON SALARY AND PAYABLES:

This is to verify that the above stated person is a full-time employee of our company for indefinite period of time and his/her average monthly salary realized in the last three months is:

MKD _____ in words _____

PAYABLES

**MONTHLY INSTALMENT UNDER
PAYABLES**

TOTAL AMOUNT

a) under salary garnishments

b) under administrative ban for:

- HOUSING LOANS

- CONSUMER LOANS

- OTHER LOAN

c) other bans

**Finance Department
Manager**

S.P.

**Manager of the enterprise or
other legal entity**

Documents required:

- 1. Photocopies of valid ID cards of the Borrower and Guarantor**
- 2. The last pension check**
- 3. Administrative bank on salary for the Guarantor**
- 4. M1/M2 Form for the Guarantor**

The Certificate has to be signed and stamped by the enterprise or other legal entity

(name and seal of the enterprise
or other legal entity)

No. _____

To
KOMERCIJALNA BANKA AD SKOPJE

RESOLUTION
on execution of administrative ban on salary of a guarantor

On the basis of a written statement - consent of the employee _____, to put an administrative ban on salary in favor of Komercijalna Banka AD Skopje (according to the legislation) for repayment of the loan under Agreement no. _____, we undertake that after the submission of this Decision, we will execute the ban as follows:

1. Deduction of monthly instalment in the amount of MKD _____ for a period from _____ to _____, i.e. until the final repayment of the loan in accordance with the Loan Agreement. The first instalment becomes due on _____.

The monthly instalment can be changed according to the Loan Agreement, under notification from the Bank.

The payment will be made **in favor of giro account of Komercijalna Banka AD Skopje 30000000000133, UTN 4030989254937 depositor of the NBRNM**, for the account _____.

(Borrower's sub-account)

2. This ban will be in force until a written notice is received from the Bank that the loan has been repaid in full.

3. We undertake to deduct from the employee's salary, **the amount of any possible costs** (less paid interest, penalty interest, contractual penalties and reminders, etc.) that may occur due to irregular loan repayment, and based on the submitted final calculation - notification from the Bank.

4. We undertake to notify the Bank on possible termination of employment of the employee on any grounds, on establishing a legal relationship with another entity or retirement, within 8 days upon after the change and to submit the resolution on administrative ban on salary with the overall credit documentation to the new employer.

5. At the time of issuance of the Resolution on administrative ban on the employee's salary, we confirm that:

- has / does not have any other administrative ban or procedure initiated for establishing a ban,
- there is no resolution for settling any claim on the basis of legal financial support, for compensation of damage caused on the basis of deterioration of health or reduction or loss of working ability, for compensation of damage on the basis of financial support lost due to death of the supporter.

Signatures of authorized persons

**Finance Department
Manager**

S.P.

Manager of the legal entity

STATEMENT – CONSENT

for making a Resolution for administrative ban on salary

By the Borrower / Guarantor _____, **with residence at**
_____, **with Unique ID No.** _____ **and ID card No.** _____
(address)

I, the undersigned _____ employed at _____
at the position _____, and for the purpose of securing the collection of the loan under Agreement No.
_____ of _____, give the following

C O N S E N T

1. I agree for my employer _____ I receive salary from, to put an administrative ban on my salary for repayment of obligations under the above stated Loan Agreement, in the amount of respective monthly instalment or the changed monthly instalment, to the extent of at most one third of the salary for the respective month.

2. I authorize the employer to pay the funds deducted from my salary **on the giro account of Komercijalna Banka AD Skopje number 30000000000133, UTN 4030989254937, depositor of the NBRNM**, for the account _____.

(loan sub-account)

3. I give my consent that if I am employed with another employer, the current employer may submit this administrative ban on my salary to the new employer, together with the loan documentation and the report on the collected amounts and notify **Komercijalna Banka AD Skopje** thereof.

4. I declare that I have no other deductions on my salary for settling any claim on the basis of legal financial support, for compensation of damage caused on the basis of deterioration of health or reduction or loss of working ability, for compensation of damage on the basis of financial support lost due to death of the supporter, determined after imposing of this ban.

Date _____

GUARANTOR

(name, surname and signature)

CONSENT
FOR REPORTING BY
MACEDONIAN CREDIT BUREAU (MCB)

To be filled out by an individual												
Name and surname												
Address												
Unique ID No.												

For the purpose of:

I give my consent to

(name of the data user)

to be provided a report on the actual state of my liabilities, exclusively for the purpose stated above and within the duration thereof.

Types of reports: Minimalist Report, Report on Outstanding Liabilities, Basic Report, Detailed Credit Report, Aggregate Report, Monitoring Report.

I am aware that:

1. The MCB may prepare and submit a report to a user of data only upon my prior written consent
2. I have the right to inspect the data kept in the MCB, as well as to dispute the accuracy and completeness of any data contained in the report.
3. The MCB shall not be liable for the data contained in the report or for any adverse activity undertaken by the user of the data against me, based in full or in part on the report, except in the case of submission of false information in order to harm me or the data provider or the data user.
4. MKB deletes my data after 5 years from the full repayment of the liability or closing the account.
5. I have the right to withdraw this consent by a written statement.

(Place and date)

(consent given by)

*The Consent is given in accordance with the Law on Credit Bureau ("Official Gazette of RNM" No. 81/08 and 24/11) and the Law on Personal Data Protection ("Official Gazette of RNM" No. 07/05, 103/08 and 124/10).