TATWEER FACILITY FORM





Company Representative

Company Representative			
Contact Person	Designation		
Mobile Number	Landline		
E-mail Address	Fax		
About the Company			
Company Name	CR Number	Equity Capital	1
Date of Establishment	CR Expiry Date		

Main Line of Business

Constitution Business Address

Building Name		Office Number		
City		Area		
PO Box No	Landmark			
Landline		Fax Nun	ber	
Email Address		Website		

Company Shareholders

Shareholder Name	QID / CR Nationality St	Shareholding (%)	Authorized to borrow		Personal Guarantee		
				Υ	N	Υ	N

Are any of the shareholders a minor? (Y/N)	If yes, who will sign on their behalf?
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Relationship with Doha Bank

Account Number	Branch	
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Relationship with Other Banks

Bank Name		Account Number		Branch
Facility Name	Limit	Outstanding Balance	Monthly Installment	Original Amount
iq.				2

Bank Name		Account Number		Branch
Facility Name	Limit	Outstanding Balance	Monthly Installment	Original Amount

Bank Name		Account Number		Branch	
Facility Name	Limit	Outstanding Balance	Monthly Installment	Original Amount	

Present Request

Facility Type	Amount	Purpose

FOR OFFICIAL USE ONLY

Requirement Checklist	Y	N	Remarks
1. Facility Request Letter			
2.Latest CR Copy (including parent, if applicable)			
3. Latest ID copies of all shareholders			
4.Latest 6-months bank statements			
5. Audited financial statements			
6. Company profile			
7. Additional supporting documents			