

UNDERTAKING

I ----- S/O, D/O, W/O ----- holder of CNIC -----, undertake that the detail of my existing exposure from the "Entire Banking Sector" as on----- is as under:

Details of Credit Cards (Clean) limits being availed from other banks/DFIs:

| Sr. # | Name of the Bank / DFI | Approved Limit |
|-------|------------------------|----------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

Details of Credit Cards (Secured) limits being availed from other banks/DFIs:

| Sr. # | Name of the Bank / DFI | Approved Limit |
|-------|------------------------|----------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

Details of Personal Loan (Clean) limits being availed from other banks/DFIs:

| Sr. # | Name of the Bank / DFI | Approved Limit | Amount Outstanding On Application date |
|-------|------------------------|----------------|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Signature: _____

Name of Applicant: _____

CNIC # _____

Think High

Low Aim is Crime

My Life, My Rules

UNDERTAKING

I ----- S/O, D/O, W/O -----
holder of CNIC ----- undertake that the detail of my existing exposure from the "Entire Banking Sector" as on----- is as under:

Details of Personal Loan (Secured) limits being availed from other banks/DFIs:

| Sr. # | Name of the Bank / DFI | Approved Limit | Amount Outstanding On Application date |
|-------|------------------------|----------------|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Details of other facilities if any (Clean & Secured) being availed from other banks/DFIs:

| Sr. # | Name of the Bank / DFI | Approved Limit | Nature (Clean / Secured) | Current Outstanding |
|-------|------------------------|----------------|--------------------------|---------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Applied Limits (Including the application in process):

| Sr. # | Name of the Bank / DFI | Facility under Process | Nature of Facility (Clean / Secured) |
|-------|------------------------|------------------------|--------------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Signature: _____

Name of Applicant: _____

CNIC # _____