



Da Afghanistan Bank (DAB)
Islamic Banking Division of Financial Supervision Department

Form Name:
 Form Code:
 Bank Name:

Version:
 Frequency:

Bank Docket No:
 Currency Code:
 Date/Period:

S.No:	Name of the client and company	Is it Related Party on Not	President		Vice President		AISA License No:	Issuance or Renewal Date of AISA License	Types of facilities	Principal Amount	Currency	Issuance Date	Maturity Date	Investment Ratios	Outstanding Amount in US \$	Outstanding Amount Equivalent in Afghani	Number of Days Past Due	Type of Collateral	Value of Collateral	
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Prepared BY: (Name & Phone number) _____
 The bank Chief Financial Officer (CFO): _____
 Date: _____
 Signature (CFO): _____

