

BUSINESS RECEIVABLE FINANCING (BRF) APPLICATION FORM

BRF Limit Required	S\$
Business Credit Plus Limit Required	S\$

IMPORTANT

To be eligible, applicant company should be incorporated for at least 2 years and fulfil the following requirements:
 (I) *Minimum paid-up capital of S\$10,000*
 (II) Company and principals not having outstanding financial/ contractual lawsuits
 (III) Company's receivables, stocks and other current assets are free from all encumbrances

Version BRF 150612

BUSINESS DETAILS			
Business Name	Nature of business		
Email Address	Contact Number	Fax Number	
Business Address <input type="checkbox"/> Pls refer to the attached ACRA business profile which contains the most up-to-date information OR (indicate below)		Contact Person	
		Title/Contact Number	
Mailing Address (if differ from business address):		Business Premise is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged	
More than 50% of revenue received is from property investment: <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of employees:	
More than 50% of total assets comprises of immovable property in Singapore: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Pls refer to the attached financial statements for information			

PRINCIPALS/ GUARANTOR INFORMATION

PRINCIPAL / GUARANTOR 1*			
Name as in NRIC / Passport (Dr / Mr / Mrs / Mdm / Ms): NRIC No :	Race*: Chinese / Malay / Indian / Others : _____ Date of Birth:	Marital Status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Educational Level* (please circle) No Formal Education/ Primary/ Secondary Certificate/ Diploma/ Pre- University/ Degree/ Masters Degree & above
Mailing Address (if different from residential address):	Nationality:	Year(s) in Firm*: Year(s) in Industry:	Occupation*: <input type="checkbox"/> Company Director or Chief Executive <input type="checkbox"/> Proprietor or Merchant <input type="checkbox"/> Business Professional or Manager <input type="checkbox"/> Housewife or Retiree <input type="checkbox"/> Not-Employed <input type="checkbox"/> Secretarial or Admin or Finance or Marketing Executive <input type="checkbox"/> Other Professional
PRINCIPAL / GUARANTOR 2*			
Name as in NRIC / Passport (Dr / Mr / Mrs / Mdm / Ms): NRIC No :	Race*: Chinese / Malay / Indian / Others : _____ Date of Birth:	Marital Status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Educational Level* (please circle) No Formal Education/ Primary/ Secondary Certificate/ Diploma/ Pre- University/ Degree/ Masters Degree & above
Mailing Address:	Nationality:	Year(s) in Firm*: Year(s) in Industry:	Occupation*: <input type="checkbox"/> Company Director or Chief Executive <input type="checkbox"/> Proprietor or Merchant <input type="checkbox"/> Business Professional or Manager <input type="checkbox"/> Housewife or Retiree <input type="checkbox"/> Not-Employed <input type="checkbox"/> Secretarial or Admin or Finance or Marketing Executive <input type="checkbox"/> Other Professional
PRINCIPAL / GUARANTOR 3*			
Name as in NRIC / Passport (Dr / Mr / Mrs / Mdm / Ms): NRIC No :	Race*: Chinese / Malay / Indian / Others : _____ Date of Birth:	Marital Status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Educational Level* (please circle) No Formal Education/ Primary/ Secondary Certificate/ Diploma/ Pre- University/ Degree/ Masters Degree & above
Mailing Address:	Nationality:	Year(s) in Firm*: Year(s) in Industry:	Occupation*: <input type="checkbox"/> Company Director or Chief Executive <input type="checkbox"/> Proprietor or Merchant <input type="checkbox"/> Business Professional or Manager <input type="checkbox"/> Housewife or Retiree <input type="checkbox"/> Not-Employed <input type="checkbox"/> Secretarial or Admin or Finance or Marketing Executive <input type="checkbox"/> Other Professional

* Basel II required fields

COMPANY'S BANKING INFORMATION / FINANCIAL OBLIGATIONS					
Name of Financial Institution	Facility	Limit	Outstanding	Instalment	Security
<i>If there is more, please fill in another form and attach together</i>					
Does your company enjoy any Factoring or Accounts Receivables Facility from any other financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please furnish a copy of the Facility letter)					

PROPOSED DEBTORS (If there is more, please fill in another form and attach together)						
Customer Name	Contact Person	Contact Number	Currently Outstanding	Monthly Sales	Credit Terms Given (Days)	Actual Payment (Days)
1.						
2.						
3.						
4.						
5.						
6.						

We hereby:

1. Confirm that all information provided in this application are true and complete;
2. Agree to enclose or provide true copies of any financial statements and/or other documents as may be required by OCBC Bank, which documents shall thereby become and remain the property of OCBC Bank;
3. Authorise OCBC Bank to conduct credit checks and verify information given in this application with any person/authority without prior reference to me/us;
4. Expressly and irrevocably permit and authorise OCBC Bank and the Bank's officers to disclose, reveal and divulge any and all information and particulars relating to and in connection with me/us, any and all of my/our accounts with OCBC Bank, this application and/or any facilities granted to me/us to any person at any time and from time to time including but not limited to any of the my/our guarantors or sureties, any person who is jointly or jointly and severally liable or indebted to OCBC Bank with me/us, any of OCBC Bank's subsidiaries, branches, agents, correspondents, agencies or representative offices, any governmental agencies and authorities in Singapore and elsewhere, contractors, third party service providers or such other persons that may have entered into contractual relations with OCBC Bank, any credit bureau and any of OCBC Bank's potential assignees or transferees;
5. Declare that I/we am/are not insolvent and no statutory demand, winding up proceedings or bankruptcy proceedings or other proceedings of similar effect have been served on or commenced against me/us and no steps have or are being taken to appoint a receiver or judicial manager in respect of me/us and/or my/our assets;
6. Acknowledge that OCBC Bank has the absolute right to reject or approve my/our application without assigning any reason therefore; and
7. Declare that any funds and assets I/we place with OCBC Bank, and any profits that they generate, will comply with the tax laws of the countries where I/we live or of which I/we am/are citizen(s) or which I/we am/are otherwise subject to.

Guarantors and Directors of the Company / All Partners or Proprietor of the Firm to sign:

<p>Principal / Guarantor⁺ 1:</p> <p>_____</p> <p>Name :</p> <p>Date:</p>	<p>Principal / Guarantor⁺ 2:</p> <p>_____</p> <p>Name :</p> <p>Date:</p>	<p>Principal / Guarantor⁺ 3:</p> <p>_____</p> <p>Name :</p> <p>Date:</p>
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Documents to be attached with this application:

- Latest 2 years' audited financial statements / Management Accounts certified true copy by directors
 - Latest year NOA of all principals/ guarantors (for third party individual guarantors only)
 - Corresponding years co NOA
 - All the company's bank statements for the last 6 months (if non-OCBC)
 - Latest debtors ageing report for all debtors (with full names)
 - Sample invoice, purchase order and delivery note, Contract / letter of award (if any)
 - Copy of NRIC of all the company's principals (with specimen signature of principals – specimen signature has to be the same as existing Bank's records where available)
 - Letter of offer of existing financier for factoring (for refinancing application only)
 - Latest factoring statement of account (for refinancing application only)
- Facility is introduced by agent:
(applicant to sign against agent/ agency's name)