

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 110411

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
If there is more, please fill in another form and attach together					
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)					

