



Oversea-Chinese Banking Corporation Limited
65 Chulia Street, OCBC Centre, Singapore 049513
Tel: 1800 538 1111
Website: www.ocbc.com
Co.Reg.no.: 193200032W

BUSINESS RECEIVABLE FINANCING APPLICATION FORM

Loan Limit Requested	S\$
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IMPORTANT

- To be eligible, applicant company should be incorporated for at least 2 years and fulfil the following requirements:
 - Minimum paid-up capital of S\$10,000 (for Pte Ltd)
 - Company must have at least 30% local shareholding
 - Company's receivables, stocks and other current assets are free from all encumbrances
 - Company and principals not having outstanding financial/ contractual lawsuits
- To expedite processing, please complete this form in full and attach the following documents:
 - Latest 2 years' audited financial statements
 - All the company's bank statements for the last 6 months
 - Creditor Listing
 - Aging analysis for all debtors (with full names)
 - Sample invoice, purchase order and delivery note
 - Payments advices, bill of lading/ airway bill or other evidence of repayment
 - Facility Letter from financial institution
 - Copy of NRIC of all the company's principals
 - Income Tax Assessment of all principals for the last 2 years

BUSINESS DETAILS

Business Name		Business Registration Number	
Nature of business		Number of Employee	
Email Address		Contact Number	Fax Number
Business Address		Year: ____ Annual Turnover :S\$ ____ Year: ____ Annual Turnover :S\$ ____	
Lawsuit in the Last 2 Years <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details</i>		Contact Person	
		Title/Contact Number	
Any changes in Directors/ Shareholders in the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details</i>			

HOLDING COMPANIES / SUBSIDIARIES / AFFILIATES / RELATED ORGANISATIONS

Name	Shareholding	Nature of business

PRINCIPALS/ GUARANTOR INFORMATION

PRINCIPAL / GUARANTOR 1*			
Name as in NRIC / Passport (Dr / Mr / Mrs / Mdm / Ms):	Race*:	Marital Status*: <input type="checkbox"/> Single	Educational Level*:
Residential Address:	Date of Birth:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	Nationality:
	Occupation*:	Year(s) in Firm*:	
PRINCIPAL / GUARANTOR 2*			
Name as in NRIC / Passport (Dr / Mr / Mrs / Mdm / Ms):	Race*:	Marital Status*: <input type="checkbox"/> Single	Educational Level*:
Residential Address:	Date of Birth:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	Nationality:
	Occupation*:	Year(s) in Firm*:	
PRINCIPAL / GUARANTOR 3*			
Name as in NRIC / Passport (Dr / Mr / Mrs / Mdm / Ms):	Race*:	Marital Status*: <input type="checkbox"/> Single	Educational Level*:
Residential Address:	Date of Birth:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	Nationality:
	Occupation*:	Year(s) in Firm*:	
PRINCIPAL / GUARANTOR 4*			
Name as in NRIC / Passport (Dr / Mr / Mrs / Mdm / Ms):	Race*:	Marital Status*: <input type="checkbox"/> Single	Educational Level*:
Residential Address:	Date of Birth:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	Nationality:
	Occupation*:	Year(s) in Firm*:	

* Basel II required fields

COMPANY'S BANKING INFORMATION

Primary Bank	Secondary Bank	Other Bank
Credit Limit	Credit Limit	Credit Limit
Credit line secured by? Fixed deposit/ property/ receivables/ others (Please specify : _____)	Credit line secured by? Fixed deposit/ property/ receivables/ others (Please specify : _____)	Credit line secured by? Fixed deposit/ property/ receivables/ others (Please specify : _____)

FINANCIAL OBLIGATIONS

Name of Financial Institution	Name of Financial Institution	Name of Financial Institution
Type of Financing	Type of Financing	Type of Financing
Number of Outstanding Instalments	Number of Outstanding Instalments	Number of Outstanding Instalments
Total Monthly Obligation	Total Monthly Obligation	Total Monthly Obligation

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

Does your company enjoy any Factoring or Accounts Receivables Facility from any financial institution? Yes No (If yes, please furnish a copy of the Facility letter)

PROPOSED / TOP 10 DEBTORS

Customer Name	Currently Outstanding	Monthly Sales	Credit Terms Given (Days)	Actual Payment (Days)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

DEBTOR INFORMATION

Are there any debtors on COD/ contra billing/ progressive payment terms? Yes No (If yes, please provide name of debtors or attach sheet if necessary)

1.	4.
2.	5.
3.	6.

Are there any debtors that are individuals/ related companies/ located overseas? Yes No (If yes, please provide name of debtors or attach sheet if necessary)

1.	4.
2.	5.
3.	6.

COMPANY SALES INFORMATION

Average monthly sales turnover	Does your company experiences seasonal sales? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide high and low sales months and sales amount
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By signing below, I/We, _____ for and on the company:

1. Confirm that all information provided in this application is true and accurate and that the company has not withheld any material information;
2. Agree to enclose true copies of any financial statements and / or other documents as may be required by the bank, which documents shall hereafter become and remain the property of the Bank;
3. Authorise the Bank to conduct credit checks and verify information given in this application with any person / authority without prior reference to the Company and/or to me/us;
4. Authorise and give consent for the Bank to disclose or release any information relating to the Company and/or the Company's account with the Bank any time to any party the Bank may deem fit, including but not limited to the Credit Bureau;
5. Declare that the Company is not insolvent and that no winding-up proceedings or other proceedings of similar nature have been served on the Company and no steps have or are being taken to appoint a receiver or judicial manager in respect of the Company; and
6. Acknowledge that the Bank has the absolute right to reject or approve the Company's application without assigning any reason thereof.

Authorised Signature(s)/Director(s) of the Company to Sign (Indicate Name and Date Beside signature)