

# HCB Trust Ek. för

Please print form and fill in the relevant information and send to HCB Trust Ek. för., Solna Strandväg 78, 171 54 Stockholm, Sweden or fax to +46 (0)8 5052-1010.

## Commercial Loan Application Form

Are you an existing member of HCB Trust Ek. för.?  Yes  No

1. Business Particulars			
Name			
Business Address			
Constitution	<input type="checkbox"/> Sole-Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Private Limited Company
Nature of Business	<input type="checkbox"/> Construction related	<input type="checkbox"/> Education	<input type="checkbox"/> Engineering & related services <input type="checkbox"/> Tourism related
	<input type="checkbox"/> IT & related services	<input type="checkbox"/> Logistic/ Transportation	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional services
	<input type="checkbox"/> Retail	<input type="checkbox"/> Shipbuilding & related	<input type="checkbox"/> Trading/ Wholesale/ Distribution <input type="checkbox"/> Others, pls specify ( )
Products & Services			
Years in Business	Full Time Staff Strength	Business Premise	<input type="checkbox"/> Owned <input type="checkbox"/> Rental at US\$_____/ mth
Contact Person	Designation	Email address	
Office Tel	Mobile No	Fax	

2. Key Management (Please complete Personal Network statement as attached under Annex I)						
Name	Designation	Shareholding (%)	Age	Years of Experience	Education Level	Annual Income

3. Related Businesses					
Name	Related Party	Designation	Shareholding (%)	Nature of Business	Networth of Business

4. Business Operations			
Major Buyers' Name	% of Total Sales	Payment Terms (COD/ Credit Terms __ days/ LC/ Progressive/ Others)	Country
Major Sellers' Name	% of Total Purchases	Payment Terms(COD/ Credit Terms __ days/ LC/ Progressive/ Others)	Country
Major Competitors' Name	Business Strength	Country	

5. Business Plans/ Projects/ Contracts (Please provides details including existing projects/ contracts on hand)

6. Banking Facility(s) With All Other Banks					
Bank	Facility	Limit (US\$)	Outstanding (US\$)	Monthly Payment (US\$)	Security

7. Financing Request				
	Facility	Loan Amount	Financing Period	Remarks
Working Capital Financing	<input type="checkbox"/> CreditBiz (pls complete 7.1 below)	US\$	-	Revolving business credit line of up to US\$200,000
	<input type="checkbox"/> Overdraft	US\$	-	
	<input type="checkbox"/> Micro Loan	US\$	( ) years	
	<input type="checkbox"/> Trade Financing & Services (LC/ TR)	US\$	( ) days	
	<input type="checkbox"/> Factoring	US\$	( ) days	
Asset Financing	<input type="checkbox"/> Commercial & Industrial Property Financing	US\$	( ) years	
	<input type="checkbox"/> Equipment Financing	US\$	( ) years	
Others	<input type="checkbox"/> Bankers' Guarantee	US\$		
	<input type="checkbox"/> FX (spot & forward contracts)	US\$		
	<input type="checkbox"/>	US\$		
7.1 CreditBiz	<u>Temporary Limit</u> Does your business have cyclical or seasonal funding needs?  <input type="checkbox"/> Yes. <input type="checkbox"/> No  If yes, you may apply for Temporary Limit for up to 50% of main credit line for up to 3 months and the amount will be incorporated in Letter of Guarantee for execution.  Temporary Limit US\$ _____	<u>Free Insurance</u> (on death and total & permanent disability) You may nominate the sole-proprietor, managing partner or managing director for above coverage. The key person nominated needs to be a guarantor, aged below 63 and may be required to go for medical examination.  <input type="checkbox"/> Yes <input type="checkbox"/> No  Name _____ ID/PP No. _____ Date of Birth _____	<u>ATM Card Application</u> You may apply for ATM card if your signing mandate for current account is single or either-to-sign.  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, pls indicate authorized user name(s). _____	

8 Security (Please note that joint & several personal guarantee is required from all directors and partners)			
<input type="checkbox"/> Time Deposit (SGD/ Foreign Currency _____)	US\$	<input type="checkbox"/> Additional Guarantor(s)	US\$
( ) Borrower's Name		Name _____ Relationship _____	US\$
( ) In 3 <sup>rd</sup> Party's name		Name _____ Relationship _____	US\$
Name _____ Relationship _____		(Please complete Annex I)	
Name _____ Relationship _____		<input type="checkbox"/> Machinery and Equipment	US\$
<input type="checkbox"/> Property (Please complete Annex II)	US\$	<input type="checkbox"/> Shares/ Bonds/ Unit Trusts	US\$
<input type="checkbox"/> Charge over account receivables	US\$	<input type="checkbox"/> _____	US\$
<input type="checkbox"/> Debenture over company's assets	US\$		US\$

9. Have any of the following events occurred in the past 12 months?			
-	Death of key person(s) driving the business	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-	Resignation of key person(s) driving the business	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-	Withdrawal of key shareholder(s)/ Joint venture partner(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-	Other key adverse events, pls specify ( )	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Documentary Requirements		
SPRING application form (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last 2 years' financial statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last 3 months' bank statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Latest 6 months' property loan statement for refinancing of property loan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Latest Notices of Assessment of directors/ partners/ sole-proprietor/ guarantor(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of ID/PP (front & back) of directors/ partners/ sole-proprietor/ guarantor(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Copy of all other banks' offer letter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sale & Purchase Agreement or Option for Purchase for properties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property valuation report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of latest contract or project awarded/ sales orders (major buyers)/ Letter of Award etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quotation on machinery or equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property valuation report:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business projections i.e. sales and profit forecast	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Others, pls specify ( )	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Declarations		
<p>By submitting this application, I / We hereby</p> <p>1) Represent and warrant that:</p> <p>a) I/We am/are not in default in the payment of or performance of any of my/our obligations for monies borrowed by me/us from any lender</p> <p>b) No statutory demand has been served nor any bankruptcy or winding up or legal proceedings commenced against me/us to my/our knowledge</p> <p>c) All information stated in this application is true, complete and correct in all respects</p> <p>d) I/We have not been declared bankrupt.</p> <p>2) Authorize you or your agent to:</p> <p>a) Conduct credit checks on me/us</p> <p>b) Obtain and verify any information about me/us as you may in your absolute discretion deem fit and I/we authorize all sources to which you may apply to provide any information which you may require in connection with this application</p> <p>c) Disclose any information and/or data relating to myself/ ourselves and my/ our account(s) and/ or credit cards (if any) with you, or any other information as you may deem necessary to:</p> <ul style="list-style-type: none"> <li>- To any of your head office, representative and branch offices and to any of your related company or associated company, in any jurisdiction;</li> <li>- To any government or regulatory agency or authority</li> <li>- To any of your potential assignee or transferee or to any person who has or may enter into contractual relations with you in relation to this loan application</li> <li>- To any credit bureau, as well as the members of such credit bureau</li> <li>- To any other third parties (including, without limitation, credit reference or evaluation agencies) wherever situated for any purpose whatsoever.</li> </ul> <p>3) Acknowledge that HCB Trust may decline my/our application without providing any reason and agree to be liable to bear all costs, fees and expenses in connection with this application, whether or not this application is approved.</p> <p>4) Understand that, in the case of CreditBiz facility, the HCB Trust ATM card is available only for accounts with "single" or "either-to-sign" mandate.</p> <p>5) Confirm that, in the case of CreditBiz facility, the key person nominated for free insurance is or will be a guarantor for the said facility, is in good health and has not been hospitalized or suffered from any physical defects, injuries or impairments in the last 6 months. We also understand that pre-existing conditions, suicide, unlawful acts, attempted violation of the law, war activities, racing, professional sports and private flying activities are not covered under this Insurance.</p>		
<p>_____</p> <p>Name:</p> <p>Designation: Managing Director/ Partner / CEO</p>	<p>_____</p> <p>Company Stamp</p>	<p>_____</p> <p>Date</p>

12. Declarations by Chairman/ Partners/ Guarantor(s)/ Director(S)		
<p>By submitting this application, I hereby :</p> <p>a) Represent and warrant that all information about me (if any) stated in this application is true, complete and correct in all respects.</p> <p>b) Authorize you to verify the information about me (if any) in the application, to request and/or receive any other information about me, and to exchange and/or provide any information about me, including (without limitation) submitting information to and requesting reports from any consumer credit bureau or reference agency at any time. I understand that information provided to a consumer credit bureau or reference agency will be available to other organizations for their credit decisioning (which expression includes (without limitation) any decisioning as to whether or not to grant, continue, or revise the terms of, any credit facilities to me or any person for whom I stand as surety or guarantor).</p> <p>a) Confirm that, in the case of CreditBiz facility, the key person nominated for free insurance is or will be a guarantor for the said facility, is in good health and has not been hospitalized or suffered from any physical defects, injuries or impairments in the last 6 months. We also understand that pre-existing conditions, suicide, unlawful acts, attempted violation of the law, war activities, racing, professional sports and private flying activities are not covered under this Insurance.</p> <p>I also understand that a consumer credit bureau or reference agency, in providing information to other organizations, may disclose the fact that you have requested report(s) about me from such bureau or agency.</p>		
<p>.....</p> <p>Name:</p> <p>ID/PP No.</p> <p>Date:</p>	<p>.....</p> <p>Name:</p> <p>ID/PP No.</p> <p>Date</p>	<p>.....</p> <p>Name:</p> <p>ID/PP No.</p> <p>Date</p>

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 Name:  
 ID/PP No.  
 Date:

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 Name:  
 ID/PP No.  
 Date

.....  
 Name:  
 ID/PP No.  
 Date

ANNEX I

**PERSONAL NETWORTH STATEMENT**

Name -			
Assets	(US\$)	Liabilities	(US\$)
Cash		Real Estate Mortgage loan	
Real Estate		Loan outstanding with bank(s)/ finance company(s)	
Automobile(s)		Loan due to others, pls specify ( )	
Stock(s) & bond(s) & unit trusts		Taxes payable	
Cash surrender value of life insurance policy(s)		Others, pls specify ( )	
Others, pls specify ( )		Others, pls specify ( )	
Total Assets (1)		Total Liabilities (2)	
<b>Net Worth (1) – (2)</b>			

Name -			
Assets	(US\$)	Liabilities	(US\$)
Cash		Real Estate Mortgage loan	
Real Estate		Loan outstanding with bank(s)/ finance company(s)	
Automobile(s)		Loan due to others, pls specify ( )	
Stock(s) & bond(s) & unit trusts		Taxes payable	
Cash surrender value of life insurance policy(s)		Others, pls specify ( )	
Others, pls specify ( )		Others, pls specify ( )	
Total Assets (1)		Total Liabilities (2)	
<b>Net Worth (1) – (2)</b>			

**COMMERCIAL & INDUSTRIAL PROPERTY FINANCING DETAILS**

<b>1. Property Details</b>		
Address		
Usage	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> For Investment. Existing tenancy with monthly rent US\$ ( ) for ( ) years from ( )
Type	<input type="checkbox"/> Retail	<input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Others, please specify ( )
Land	<input type="checkbox"/> State	<input type="checkbox"/> Private <input type="checkbox"/> <input type="checkbox"/> Others, please specify ( )
Tenure	<input type="checkbox"/> Freehold	<input type="checkbox"/> Leasehold ( ) years from ( ) subject to ( )
Built-in Area		
Land Area		
Status of property	<input type="checkbox"/> Completed	<input type="checkbox"/> Uncompleted. Current stage of completion is [ ]%
Year of Completion (TOP/ CSC)		
Market Value & Valuer		
<b>2. Property Financing Requirements</b>		
Purpose	<input type="checkbox"/> Refinancing	<input type="checkbox"/> New Purchase. Estimated rental savings from current premises US\$ ( )
Repayment	<input type="checkbox"/> > 75% from business income	<input type="checkbox"/> > 75% from rental income <input type="checkbox"/> Others, please specify ( )
Loan Amount	US\$ ( )	
Loan Tenure	( ) years	
Purchase Price/ Outstanding Property Loan	US\$ ( )	
Other Details (if any)		
- Cash rebate	US\$ ( )	
- Discount	US\$ ( )	
- Legal Fee subsidy	US\$ ( )	
- Stamp fee subsidy	US\$ ( )	
- Renovation grants	US\$ ( )	
- Vouchers	US\$ ( )	
- Deferred Payment	US\$ ( )	
- Others, pls indicate ( )	US\$ ( )	