

APPLICATION FORM FOR UOB BUSINESS FACILITIES



United Overseas Bank Limited, 298 Tiong Bahru Road,
 #10-02/03/04 Central Plaza, Singapore 168730
 Tel: 6277 7555 Fax: 6271 6862/6278 6710
 Website: www.uobgroup.com Company Reg No. 193500026Z

To expedite processing of your application, please complete the form in full (including ticking the relevant boxes) and submit the following document:

- (i) **Certified True Copies** of documents of incorporation (including **Memorandum & Articles of Association**)/registration and (where relevant) professional practising certificate
- (ii) Financial Statements for the last 2 years (For Companies, please submit audited financial statements)
- (iii) **Income Tax Notice of Assessment** of sole proprietor/each partner/each directors/ each guarantor for the last 2 years
- (iv) **Bank Statements** for the last 6 months (if account is not maintained with UOB)
- (v) Photocopy of **NRIC** (front and back) sole proprietor/each partner/each directors/ each guarantor
- (vi) **Other supporting information** pertinent to this application (this "Application")
 Note: All directors of incorporated companies are required to be guarantors.

Existing UOB Branch: Preferred UOB Branch:

PART A : TELL US ABOUT YOUR COMPANY

Registered Business Name			
Registration Number			
Constitution Type			
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Private Limited Company		<input type="checkbox"/> Unlimited Partnership	
<input type="checkbox"/> Others (please specify): _____			
Date of Incorporation/Registration			
Number of Years		In Active Operation	
Country of Incorporation/Registration			
<input type="checkbox"/> Singapore		<input type="checkbox"/> Others (Please specify): _____	
Country of Operation			
<input type="checkbox"/> Singapore		<input type="checkbox"/> Others (Please specify): _____	
Business Address			
		Postal Code	
Business Premise Is		<input type="checkbox"/> Owned <input type="checkbox"/> Rented	
Type of Business Management			
<input type="checkbox"/> Managed by professional executive staff (Not run by shareholders/Owners)			
<input type="checkbox"/> Managed by Family Members (Run by shareholder/Owners)			
Mailing Address (If different from Business Address)			
		Postal Code	
Key Contact Person (Name & Designation)	Office Number	Mobile Number	Email Address
1			
2			
Principal Business Activity			
Main Customer Base			
<input type="checkbox"/> Business Customers		<input type="checkbox"/> Individual Customers	
Number Of Employees (incl owners)			

PART B : DETAILS OF THE SOLE PROPRIETOR / MAJOR PARTNER OR DIRECTOR

Name as in NRIC/Passport <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mdm <input type="checkbox"/> Dr			
NRIC/Passport Number		Date of Birth	
Nationality: <input type="checkbox"/> Singaporean		<input type="checkbox"/> Singapore PR	
<input type="checkbox"/> Others (please specify): _____			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			

PART B : DETAILS OF THE SOLE PROPRIETOR / MAJOR PARTNER OR DIRECTOR

Home Telephone	Handphone	Office Telephone
Residential Address		
		Postal Code
Residence is: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented		
<input type="checkbox"/> Others <input type="checkbox"/> Rented (S\$ _____ per month)		
Type Of Residence: <input type="checkbox"/> Bungalow <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Terrace		
<input type="checkbox"/> Private Apartment/Condominium <input type="checkbox"/> Executive Condo/HUDC		
<input type="checkbox"/> HDB-5 Room/ Executive Apartment <input type="checkbox"/> HDB-5 Room/4 Room		
_____ Year in Residence		
Highest Academic Qualifications Attained		
<input type="checkbox"/> 'O' Level & Below <input type="checkbox"/> 'A' Level <input type="checkbox"/> Diploma <input type="checkbox"/> Degree		
<input type="checkbox"/> Post-Graduate Degree <input type="checkbox"/> Others (please specify): _____		
Number of Year In This Industry ()Years		
Number of Year Management Experience ()Years		
Annual Income (Latest)	S\$ _____	
Annual Income (Previous Year)	S\$ _____	
Approximate Net Worth	S\$ _____	
Number Of Properties Owned (including Residing Properties) _____		

PART C : DETAILS OF PARTNER/DIRECTOR 2

Name as in NRIC/Passport <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mdm <input type="checkbox"/> Dr		
NRIC/Passport Number		Date of Birth
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Nationality: <input type="checkbox"/> Singaporean		<input type="checkbox"/> Singapore PR
<input type="checkbox"/> Others (please specify): _____		
Home Telephone	Handphone	Office Telephone
Residential Address		
		Postal Code
Annual Income (Latest): S\$ _____		
Annual Income (Previous Year): S\$ _____		
Position Held in Company: <input type="checkbox"/> Executive <input type="checkbox"/> Managerial		
<input type="checkbox"/> Professional <input type="checkbox"/> Self-Employed		

PART D : DETAILS OF PARTNER/DIRECTOR 3

Name as in NRIC/Passport <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mdm <input type="checkbox"/> Dr		
NRIC/Passport Number		Date of Birth
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Nationality: <input type="checkbox"/> Singaporean		<input type="checkbox"/> Singapore PR
<input type="checkbox"/> Others (please specify): _____		
Home Telephone	Handphone	Office Telephone
Residential Address		
		Postal Code
Annual Income (Latest): S\$ _____		
Annual Income (Previous Year): S\$ _____		
Position Held in Company: <input type="checkbox"/> Executive <input type="checkbox"/> Managerial		
<input type="checkbox"/> Professional <input type="checkbox"/> Self-Employed		

APPLICATION FORM FOR UOB BUSINESS FACILITIES

PART E : YOUR FINANCING REQUEST

Request Type New Additional Facilities

Restructure Facilities Conversion

Purpose For Facility

Working Capital Purchase For Investment Renovation

Trade Financing Purchase For Owner Occupation

Construction Of Premise Banker's Guarantee Refinancing

Bridging Others (please specify) Business Card

Main Source(s) Of Repayment

Business Operations Rental Income

Others (please specify) _____

PART F : CREDIT FACILITIES YOU ARE APPLYING FOR

Facility Type	Amount (S\$)	Tenor
Overdraft		
Trade (LC/TR)		
Banker's Guarantee		
Loan Insurance Scheme (LIS) working Capital Facility		
- LIS LC/TR Financing		
- LIS Invoice Financing		
- LIS Overseas Working Capital Loans Support Facility Via SBLC		
Commercial Property Loan		
Residential Property Loan		
Term Loan		
LEFS Micro Loan		
Foreign Exchange Line		
Others (please specify)		

PART G : YOUR TYPE(S) OF COLLATERAL

Fixed Deposit (Currency & Amount) _____

Structured Deposit (Currency & Amount) _____

Unit Trust (Fund Name & Amount) _____

Stocks & Shares (Counter Name & Amount) _____

Property (Commercial/Industrial/Residential)**

Address: _____

Postal Code _____

Development Type HDB JTC Private

Tenure Freehold

Leasehold (Period): _____ Years wef _____

Land Area: _____ sqm /sqf **

Built-In Area: _____ sqm /sqf **

Purchase Price: S\$ _____

Date Of Purchase: _____

Others (please specify): _____

** Please delete where inapplicable.

PART H : YOUR CREDIT FACILITIES WITH OTHER FINANCIAL INSTITUTIONS

Name of Banks / Finance Companies		
Facility Type		
Amount (S\$)		
Collateral Provided		
Monthly Repayment (S\$)		
Interest Rate (%)		

PART I : YOUR FINANCING REQUEST

Name Of Related Firm(s)/ Company (ies) With Borrowing(s) From UOB	Registration / Incorporation Number	Relationship To Applicant
1.		
2.		
3.		
4.		
5.		

PART J : DECLARATION

1. I/We confirm that the information given above is true and correct and that I/we have not willfully withheld any material fact.
2. I/We confirm that the Memorandum and Articles of Association of the Company has made a provision for the directors to exercise all the power of the Company to borrow money.
3. I/We acknowledge that the Bank has the absolute right to approve or reject the application without assigning any reason whatsoever and that the documents accompanying this application shall become and remain the property of the Bank.
4. I/We hereby authorise and give you consent to conduct credit checks on me/us (including but not limited to checks with any credit bureau recognised as such by the Monetary Authority of Singapore) and to obtain, verify and/or disclose or release any information relating to me/us or any of my/our account(s) with you from or to any other party or source as you may from time to time deem fit at your own discretion and without liability or notice to me/us.

PART K : FOR SOLE PROPRIETORSHIP/PARTNERSHIP/DIRECTORS

The Sole Proprietor/All Partners/Directors/Guarantors must sign below:

Signature 1	Signature 2	Signature 3
Name	Name	Name
Date	Date	Date

FOR BANK USE

Bankwide CIF Number _____

Branch/Branch Code _____

Name Of Staff /ID _____

Name Of Processing Officer/Code _____

Remarks _____