

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

- ☐ Sole Proprietorship ☐ Limited Partnership
☐ Private Limited Company ☐ Unlimited Partnership
☐ Others (please specify): _____

Date of Incorporation/Registration

Number of Years In Active Operation

Country of Incorporation/Registration

☐ Singapore ☐ Others (Please specify): _____

Country of Operation

☐ Singapore ☐ Others (Please specify): _____

Business Address

Postal Code

Business Premise Is ☐ Owned ☐ Rented

Type of Business Management

- ☐ Managed by professional executive staff (Not run by shareholders/Owners)
☐ 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

☐ Business Customers ☐ Individual Customers

Number Of Employees (incl owners)

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

Name as in NRIC/Passport ☐ Mr ☐ Mrs ☐ Miss ☐ Mdm ☐ Dr

NRIC/Passport Number Date of Birth

Nationality: ☐ Singaporean ☐ Singapore PR

☐ Others (please specify): _____

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Divorced

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

Home Telephone	Handphone	Office Telephone

Residential Address

Postal Code

Residence is: ☐ Owned ☐ Mortgaged ☐ Rented
☐ Others ☐ Rented (S\$ _____ per month)

Type Of Residence: ☐ Bungalow ☐ Semi-Detached ☐ Terrace
☐ Private Apartment/Condominium ☐ Executive Condo/HUDC
☐ HDB-5 Room/ Executive Apartment ☐ HDB-5 Room/4 Room
_____ Year in Residence

Highest Academic Qualifications Attained

☐ 'O'Level & Below ☐ 'A'Level ☐ Diploma ☐ Degree
☐ Post-Graduate Degree ☐ 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 ☐ Mr ☐ Mrs ☐ Miss ☐ Mdm ☐ Dr

NRIC/Passport Number Date of Birth

Gender: ☐ Male ☐ Female

Nationality: ☐ Singaporean ☐ Singapore PR

☐ Others (please specify): _____

Home Telephone	Handphone	Office Telephone

Residential Address

Postal Code

Annual Income (Latest): S\$ _____

Annual Income (Previous Year): S\$ _____

Position Held in Comapny: ☐ Executive ☐ Managerial
☐ Professional ☐ Self-Employed

PART D : DETAILS OF PARTNER/DIRECTOR 3

Name as in NRIC/Passport ☐ Mr ☐ Mrs ☐ Miss ☐ Mdm ☐ Dr

NRIC/Passport Number Date of Birth

Gender: ☐ Male ☐ Female

Nationality: ☐ Singaporean ☐ Singapore PR

☐ Others (please specify): _____

Home Telephone	Handphone	Office Telephone

Residential Address

Postal Code

Annual Income (Latest): S\$ _____

Annual Income (Previous Year): S\$ _____

Position Held in Comapny: ☐ Executive ☐ Managerial
☐ Professional ☐ 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

- I/We confirm that the information given above is true and correct and that I/we have not willfully withheld any material fact.
- 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.
- 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.
- 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