

BUSINESS BANKING FACILITIES APPLICATION FORM

APPLICATION FORM FOR UOB CREDIT FACILITIES

To expedite your application, please complete the form in full and submit the following:

- Copy of Registry Of Companies And Businesses (ROC)** or Professional Practising Certificate (PPC)
 Financial statements for last three years, Management Accounts duly certified (Latest financial statements should not be more than 18 months old)
 Income Tax Notice of Assessment of Sole Proprietor / All Director(s) / All Partner(s) / Guarantor(s) for the last two years
 Bank statements for the last six months
 Photocopies of **NRIC** (front and back) of Sole Proprietor/ All Partners / All Directors / Guarantor(s)
 Other **supporting information** pertinent to this application ("Application")

Note: All directors of incorporated companies are required to be guarantors

- Mortgage Only** Past six months **Property Loan Statement** from existing financiers for Re-financed Properties
 Tenancy Agreement for Investment Properties
 CPF Statement of Withdrawal (If applicable)

- Existing UOB Branch:** **Preferred UOB Branch:**

- New Facilities** **Additional Facilities**

CREDIT FACILITIES REQUESTED					
Facility Type	Amount (S\$)	Tenure	Facility Type	Amount (S\$)	Tenure
Trade (LC/TR)			Term Loan against Property		
Overdraft		N.A	Overdraft against Property		
Banker's Guarantee			Equity Loan / Cashout against Property		
Bridging Loan / Micro Loan*			Construction Loan		
Unsecured Term Loan			Foreign Exchange Line		
LIS Trade (LC/TR)			Others		

* Please delete where inapplicable.

Please approach your Relationship Manager for separate Business Credit Card / Hire Purchase / Equipment Loans forms.

COLLATERAL INFORMATION			
* Where applicable			
Collateral Type	Currency	Amount	Collateral Details / Name of Fund / Name of Issuing Bank
Fixed Deposit			
Structured Deposit			
Unit Trust			
Standby Letter of Credit (SBLC)			
Others (Please Elaborate)			
Property (Please complete below section)			
Property Address (where property is pledged as collateral)		Purpose <input type="checkbox"/> New Purchase <input type="checkbox"/> Pledged as Collateral (Fully Paid) <input type="checkbox"/> Re-finance	
Postal Code _____		Outstanding Amount (S\$): _____ CPF Utilised Amt (S\$): _____	
Tenure <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold _____ years w.e.f. (DD/MM/YYYY) _____		Registered Owner <input type="checkbox"/> Company <input type="checkbox"/> Individual	
Land Area (sqm / sqft*)	Built-In Area (sqm / sqft*)	Name of Owner: _____	
Purchase Details Price (S\$) _____ Date of Purchase (DD/MM/YYYY) _____		Property Usage <input type="checkbox"/> Owner Occupied (Additional Premise) <input type="checkbox"/> Owner Occupied (Vacating Current Premise) <input type="checkbox"/> Investment Property	
		New Rental Savings / Income S\$ _____ S\$ _____ S\$ _____	
Commercial Property <input type="checkbox"/> HDB Shop Unit <input type="checkbox"/> Medical Suite <input type="checkbox"/> Shophouse <input type="checkbox"/> Office <input type="checkbox"/> Retail Shop Unit <input type="checkbox"/> Coffee Shop		Industrial Property <input type="checkbox"/> Showroom/Warehouse <input type="checkbox"/> Canteen <input type="checkbox"/> Terraced Factory <input type="checkbox"/> JTC <input type="checkbox"/> Flatted/Ramped Up Factory	
		Residential Property <input type="checkbox"/> Non-Landed <input type="checkbox"/> Landed	
Completion Status <input type="checkbox"/> Completed, Age: _____ years, last renovation date : _____ Cost of renovation (S\$) : _____ <input type="checkbox"/> BUC, expected TOP date: _____			Name of Developer

** Please delete where inapplicable.

COMPANY / BORROWER INFORMATION

Registered Business Name Years in Active Operation: _____ Date of Incorporation/ Registration (DD/MM/YYYY): _____ Registered Business Address <div style="text-align: right;">Postal Code</div> Mailing Address (If different from registered address) <div style="text-align: right;">Postal Code</div> Business Type (Please select one) <input type="checkbox"/> Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Retailer <input type="checkbox"/> Service Provider <input type="checkbox"/> Trader Business Activity (Please select one) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation / Storage <input type="checkbox"/> Building & Construction <input type="checkbox"/> Logistics/Warehousing <input type="checkbox"/> Electronics <input type="checkbox"/> Services <input type="checkbox"/> Property <input type="checkbox"/> Professional Practices <input type="checkbox"/> Retail <input type="checkbox"/> F&B / Hospitality <input type="checkbox"/> Others (Please specify): _____	Company Registration Number: _____ GST Registered: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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): _____ Registered Address Ownership <input type="checkbox"/> Owned & Mortgaged to: _____ <input type="checkbox"/> Company Secretary's Address <input type="checkbox"/> Rented (Monthly) S\$ _____ Tenancy Expiry: _____ Key Contact Person Name: (Office) _____ (HP) _____ (Email) _____ Financial Manager Name: (Office) _____ (HP) _____ (Email) _____ Main Customer Base <input type="checkbox"/> Business Customers <input type="checkbox"/> Individual Customers No. Of Employees (Incl. Owners): _____ Gross Profit Margin (%) : _____ Latest Turnover (s\$) : _____ Main Banker <input type="checkbox"/> DBS <input type="checkbox"/> OCBC <input type="checkbox"/> Citibank <input type="checkbox"/> SCB <input type="checkbox"/> HSBC <input type="checkbox"/> Maybank <input type="checkbox"/> Others: _____ Do you accept credit cards as payment? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an existing Merchant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which bank? : _____ Do you have a business credit card? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which bank? : _____ Average Bank Balance (s): _____
Usage of Company / Business Account Please tick (✓) where appropriate <input type="checkbox"/> Cheque Issuance <input type="checkbox"/> GIRO <input type="checkbox"/> Remittances <input type="checkbox"/> Cash Transaction <input type="checkbox"/> FX <input type="checkbox"/> Payroll <input type="checkbox"/> Others	

PROPERTIES OWNED BY COMPANY / BUSINESS / BORROWER

Address of Property Owned	CMV (S\$)	Outstanding Loan Amount (S\$)	Monthly Instalment (S\$)	Interest Rate (%)	Name of Bank

CREDIT FACILITIES USAGE BY COMPANY / BUSINESS / BORROWER

Name of Bank	Limit (S\$)	Facility Type	Outstanding Loan Amount (S\$)	Monthly Instalment (S\$)	Interest Rate (%)	Secured
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF TOP FIVE MAJOR BUYERS

** Applicable only to trade and working capital financing
* Please attach debtors' aging list where applicable*

Buyers	Name	Country	Years of Relation	Percentage of Sales	Payment Mode	Credit Terms (days)	Related to You
							<input type="checkbox"/> Yes
							<input type="checkbox"/> No
							<input type="checkbox"/> Yes
							<input type="checkbox"/> No
							<input type="checkbox"/> Yes
							<input type="checkbox"/> No
							<input type="checkbox"/> Yes

DETAILS OF TOP FIVE MAJOR SUPPLIERS

** Applicable only for trade & working capital financing. * Please attach debtors' aging list where applicable.*

SUPPLIERS	Name	Country	Years of Relation	Percentage of Purchases	Payment Mode	Credit Terms (days)	Related to You
							<input type="checkbox"/> Yes
							<input type="checkbox"/> No
							<input type="checkbox"/> Yes
							<input type="checkbox"/> No
							<input type="checkbox"/> Yes
							<input type="checkbox"/> No
							<input type="checkbox"/> Yes

MAJOR PRODUCT LINES AND RAW MATERIALS

Major Product Brand / Service Name	Percentage of Sales	Type of Raw Materials

BUSINESS OPERATIONS

Brief description of your business operations:

(This area is intentionally left blank for the user to provide a brief description of their business operations.)

GUARANTOR 1 / KEYMAN DETAILS

Full Name as in NRIC / Passport	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential Address Postal Code	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (please specify): _____	
Type of Residence <input type="checkbox"/> Landed <input type="checkbox"/> Private Apartment / Condo <input type="checkbox"/> Executive Condo / HUDC <input type="checkbox"/> HDB Length of stay () Years	NRIC/Passport Number	Date of Birth (DD/MM/YYYY)
Position in Company <input type="checkbox"/> Managing Director <input type="checkbox"/> Director <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> Others Please specify: _____	Residence Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parent's <input type="checkbox"/> Rented (S\$ _____ per month)	
Contact Numbers (Office) (HP) (Email)	Assessable Income (Latest NOA) (S\$) : _____ Years in this Industry : _____ Years of Management Experience : _____	

PROPERTIES OWNED BY GUARANTOR 1 / KEYMAN

Address of Property Owned	CMV (S\$)	Total CPF Used <small>(incl. Acc. Int.)</small>	Outstanding Loan Amount <small>(S\$)</small>	Monthly Instalment <small>(S\$)</small>	Existing Interest Rate (%)	Name of Bank

GUARANTOR 1 / KEYMAN NETWORK

Other Assets	Market Value	Currency	Pledged to Bank
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER FINANCIAL COMMITMENTS

Name of Bank	Limit (S\$)	Facility Type	Outstanding Loan Amount (S\$)	Monthly Instalment (S\$)	Existing Interest Rate (%)	Secured
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

GUARANTOR 2 / 3 / 4 * DETAILS

** Please delete where applicable*

Full Name as in NRIC / Passport	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Residential Address <div style="text-align: right;">Postal Code</div>	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (please specify): _____		
Type of Residence <input type="checkbox"/> Landed <input type="checkbox"/> Private Apartment / Condo <input type="checkbox"/> Executive Condo / HUDC <input type="checkbox"/> HDB Length of stay () Years	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">NRIC/Passport Number</td> <td style="width:30%;">Date of Birth (DD/MM/YYYY)</td> </tr> </table>	NRIC/Passport Number	Date of Birth (DD/MM/YYYY)
NRIC/Passport Number	Date of Birth (DD/MM/YYYY)		
Position in Company <input type="checkbox"/> Managing Director <input type="checkbox"/> Director <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> Others Please specify: _____	Residence Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parent's <input type="checkbox"/> Rented (S\$ _____ per month)		
Contact Numbers (Office) (HP) (Email)	Assessable Income (Latest NOA) (S\$) : _____ Years in this Industry : _____ Years of Management Experience : _____		

PROPERTIES OWNED BY GUARANTOR 2 / 3 / 4*

** Please delete where applicable*

Address of Property Owned	CMV (S\$)	Total CPF Used <small>(incl. Acc. Int.)</small>	Outstanding Loan Amount <small>(S\$)</small>	Monthly Instalment <small>(S\$)</small>	Existing Interest Rate (%)	Name of Bank

GUARANTOR 2 / 3 / 4* NETWORTH

** Please delete where applicable*

Other Assets	Market Value	Currency	Pledged to Bank
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER FINANCIAL COMMITMENTS

Name of Bank	Limit (S\$)	Facility Type	Outstanding Loan Amount (S\$)	Monthly Instalment (S\$)	Existing Interest Rate (%)	Secured
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

1. I/We confirm that the information given above is true and correct and shall form the basis of any loan/overdraft/facility (collectively "Credit Facility") granted by United Overseas Bank (the "Bank"). I/we also confirm that I/we have not withheld any material fact/information which shall entitle the Bank to reject such application or withdraw or recall such facilities if it has been granted.
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 powers 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 agree that my/our Credit Facility shall be governed by the terms and conditions of the Bank that are in force and may be amended by the Bank from time to time.
5. I/We confirm that we have read and understood the Bank's Privacy Notice (Corporate) (available at www.uob.com.sg and at the Bank's branches) which forms part of the terms and conditions governing our relationship with the Bank. We represent and warrant to the Bank that when providing the Bank with the personal data of the Relevant Individual(s) from time to time, we would have obtained the consent of the Relevant Individual(s) for the collection, use and disclosure of the personal data for Basic Banking Purposes, Co-branding Purpose, Research Purpose and Marketing Purpose as described in the Bank's Privacy Notice (Corporate).
6. I/ We further agree that the Bank may in its sole discretion reject my application without providing any reason and the Bank shall have the discretion to retain all supporting documents submitted by me/us and that I/we shall not claim for return of any of these documents and have no right to appeal against this decision of the Bank.
7. I/We the undersigned 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 obtain, verify from any source and/or disclose or release any information relating to me/us or any of my/our account(s) with you to any other party or source as you may from time to time deem fit at your own discretion and without any liability or notice to me/us for the purpose of this application.
8. This is to confirm that neither the undersigned nor any of our partners, directors are the subject of any litigation proceedings. I/ We further confirm that I/ We do not have any other credit facilities with any other bank apart from the information provided herein. I/We confirm that if I/We obtain any credit facilities with any other bank in the future, I / We will furnish the details to the Bank immediately.

(Signature) _____ Name of authorised signatory of Company / Borrower Date:	(Signature) _____ Name of authorised signatory of Company / Borrower Date:
(Signature) _____ Name of authorised signatory of Company / Borrower Date:	(Signature) _____ Name of authorised signatory of Company / Borrower Date:

* Affix company stamp if applicable

FOR BANK USE			
Name of Processing Officer & Code		Branch & Branch Code	
Name of Marketing Officer & Code		BWCIF Number	

WHAT HAPPENS AFTER MY APPLICATION IS SUBMITTED

Step One

We've received your application

Upon receipt of full documentation, we'll be processing your application and may call you should we have any queries.

Step Two

Credit underwriting

We'll be considering your application to better understand you and your business requirements.

Step Three

Verbal reply on your application

Upon our assessment, we'll notify you verbally on the status of your application

Step Four

Formal acceptance of your application

Upon successful approval from us, we'll provide you with a formal approval for your application.

What if I have questions?

Should you have questions in the meantime, please feel free to contact Us at 1800 226 6121 and We'll be pleased to answer your queries.

Once again, thank you for considering us as your premier business partner.

"Your", "You", "I" refers to the Company applying for the said loan facility with United Overseas Bank Ltd "Us", "We" refers to United Overseas Bank Ltd

The above explanation is meant for illustration purposes only and does not constitute a formal approval or confirmation from UOB Bank Ltd.