



Company Loan Application Form

Date of Application:

All Fields Are Mandatory

Co. Reg. No.: 196400348D

COMPANY'S PROFILE		
Reg. Name:		Reg. Number:
		GST Registration Number (If any):
Reg. Address:		Postal Code:
Mailing Address (If different from above):		Postal Code:
Contact No.:	Fax No.:	Contact Person: (Mr/ Mrs/ Ms/Mdm/Dr/ Prof)
Date of Reg.:		Country of Domicile:
Listing Status: <input type="checkbox"/> Main Board <input type="checkbox"/> SESDAQ <input type="checkbox"/> Unlisted		Date Listed:
Authorised Capital:		Shares of the company owned by listed parent (in %) :
CEO is main shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No		CEO is employed professional: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Industry: <input type="checkbox"/> Agriculture, Mining & Quarrying <input type="checkbox"/> Manufacturing <input type="checkbox"/> Building & Building Co-operative Societies <input type="checkbox"/> Building Developers & Real Estate Agents <input type="checkbox"/> General Commerce <input type="checkbox"/> Financial Institution <input type="checkbox"/> Transport, Storage & Communication <input type="checkbox"/> Construction <input type="checkbox"/> Others _____		
Sector: <input type="checkbox"/> SME <input type="checkbox"/> Corporate <input type="checkbox"/> Government <input type="checkbox"/> Banks <input type="checkbox"/> Non - Profit Organisation		
Constitution: <input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Public Listed Limited <input type="checkbox"/> Association/ Society <input type="checkbox"/> Charitable Organisation <input type="checkbox"/> Community Centre <input type="checkbox"/> Management Corporation <input type="checkbox"/> Religious Body <input type="checkbox"/> School <input type="checkbox"/> Town Council <input type="checkbox"/> Statutory Board <input type="checkbox"/> Others: _____		
CORPORATE GUARANTOR'S PROFILE		
Reg. Name:		Reg. Number:
		GST Registration Number (If any):
Reg. Address:		Postal Code:
Mailing Address (If different from above):		Postal Code:
Contact No.:	Fax No.:	Contact Person: (Mr/ Mrs/ Ms/Mdm/Dr/ Prof)
Date of Reg.:		Country of Domicile:
Listing Status: <input type="checkbox"/> Main Board <input type="checkbox"/> SESDAQ <input type="checkbox"/> Unlisted		Date Listed:
Authorised Capital:		Shares of the company owned by listed parent (in %) :
CEO is main shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No		CEO is employed professional: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Industry: <input type="checkbox"/> Agriculture, Mining & Quarrying <input type="checkbox"/> Manufacturing <input type="checkbox"/> Building & Building Co-operative Societies <input type="checkbox"/> Building Developers & Real Estate Agents <input type="checkbox"/> General Commerce <input type="checkbox"/> Financial Institution <input type="checkbox"/> Transport, Storage & Communication <input type="checkbox"/> Construction <input type="checkbox"/> Others _____		
Sector: <input type="checkbox"/> SME <input type="checkbox"/> Corporate <input type="checkbox"/> Government <input type="checkbox"/> Banks <input type="checkbox"/> Non - Profit Organisation		
Relationship with main applicant:		
Constitution: <input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Public Listed Limited <input type="checkbox"/> Association/ Society <input type="checkbox"/> Charitable Organisation <input type="checkbox"/> Community Centre <input type="checkbox"/> Management Corporation <input type="checkbox"/> Religious Body <input type="checkbox"/> School <input type="checkbox"/> Town Council <input type="checkbox"/> Statutory Board <input type="checkbox"/> Others: _____		



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PERSONAL GUARANTORS' PARTICULARS			
GUARANTOR 1		GUARANTOR 2	
Name: (Mr/ Mrs/ Ms/Mdm/Dr/ Prof)		Name: (Mr/ Mrs/ Ms/Mdm/Dr/ Prof)	
*Please underline surname <input type="checkbox"/> Male <input type="checkbox"/> Female		*Please underline surname <input type="checkbox"/> Tick if guarantor <input type="checkbox"/> Male <input type="checkbox"/> Female	
NRIC/ Passport No.:	DOB (DD/MM/YYYY):	NRIC/ Passport No.:	DOB (DD/MM/YYYY):
Place of Birth:		Place of Birth:	
Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others	Citizenship: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others:	Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others	Citizenship: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Highest Education: <input type="checkbox"/> Diploma & below <input type="checkbox"/> Tertiary <input type="checkbox"/> Post Grad & above	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Highest Education: <input type="checkbox"/> Diploma & below <input type="checkbox"/> Tertiary <input type="checkbox"/> Post Grad & above
Home Address:		Home Address:	
Postal Code:		Postal Code:	
Mailing Address (If different from above):		Mailing Address (If different from above):	
Postal Code:		Postal Code:	
Contact No.		Contact No.	
Home:	Office:	HP:	
E-mail Address:		E-mail Address:	
No of dependant children < 18yrs:		No of dependant children < 18yrs:	
No. of credit cards held:	Relationship with main applicant:	No. of credit cards held:	Relationship with main applicant:
Residence: <input type="checkbox"/> Fully Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> None		Residence: <input type="checkbox"/> Fully Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> None	
Car Ownership: <input type="checkbox"/> Fully Owned <input type="checkbox"/> Rented <input type="checkbox"/> Under Financing <input type="checkbox"/> None		Car Ownership: <input type="checkbox"/> Fully Owned <input type="checkbox"/> Rented <input type="checkbox"/> Under Financing <input type="checkbox"/> None	
PERSONAL GUARANTORS' EMPLOYMENT			
GUARANTOR 1		GUARANTOR 2	
Occupation: _____ (pls indicate)		Occupation: _____ (pls indicate)	
Category : <input type="checkbox"/> Management <input type="checkbox"/> Executive <input type="checkbox"/> Clerical <input type="checkbox"/> Professional (Licensed) <input type="checkbox"/> Professional (Other) <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/> Housewife/ unemployed		Category : <input type="checkbox"/> Management <input type="checkbox"/> Executive <input type="checkbox"/> Clerical <input type="checkbox"/> Professional (Licensed) <input type="checkbox"/> Professional (Other) <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/> Housewife/ unemployed	
Monthly Income:	Years in current Job:	Monthly Income:	Years in current Job:
Employer:		Employer:	
Office Address:		Office Address:	
Postal Code:		Postal Code:	



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FACILITY REQUESTED	
Loan Applied (see attached):	Loan Amount:
Interest Type: <input type="checkbox"/> Fixed <input type="checkbox"/> Floating <input type="checkbox"/> Adjustable	Interest Rate:
Tenure:	Monthly Instalment:
Is This Refinancing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLATERAL & GUARANTEE	
Collateral Type: <input type="checkbox"/> HDB Flat <input type="checkbox"/> HDB Shop-house <input type="checkbox"/> Commercial Property <input type="checkbox"/> Landed Property <input type="checkbox"/> Condominium <input type="checkbox"/> Car <input type="checkbox"/> Machineries <input type="checkbox"/> Shares <input type="checkbox"/> Ship <input type="checkbox"/> Other, please specify:	
Detail of Collateral:	Purchase Price:
Age of Collateral (in years):	Guarantee Type: <input type="checkbox"/> Full <input type="checkbox"/> Partial
DECLARATION	
Are you in any way related to any director and/or staff of Sing Investments & Finance Limited? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:	
Are you in any way related to the Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:	
Has the Vendor granted you any loans or credit facilities to finance your purchase of the property? ** <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:	
Have you obtained any loans advances or credit facilities from other banks, finance companies, insurance companies or other financial institutions regulated by MAS to finance your purchase of the property? ** <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:	
Do you have any existing credit facility (including guarantees) from Sing Investments & Finance Limited either personally or through companies/firms in which you have an interest? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:	
Are there any legal actions and proceedings (including bankruptcy, winding-up or judicial management proceedings) pending or otherwise commenced against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:	



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I/We hereby declare that I/we am/are of full age and not under any legal impediment and that there are no legal actions and proceedings pending or otherwise instituted against me/us. I/We hereby declare that all the answers and statements given are true and correct.

In view of my application for a credit facility from you, I/We hereby irrevocably authorize and give consent to you to carry out credit checks on me with the Consumer Credit Bureau and/or any other credit reference agency or bureau, my employers or such other party as may be necessary. I/We irrevocably authorize you without any liability on your part to disclose at any time without further notice to us any information (including but not limited to the credit standing, financial position and payment records) regarding us and/or the guarantors for the facility, the moneys, the securities and any other relevant particulars of our facility and/or any other accounts with you or any matters or transactions thereto to the Consumer Credit Bureau and/or other credit reference agency or bureau and/or its/their compliance committees and for the aforesaid parties to disclose the aforesaid information to any third party or parties including but not limited to its/their members.

← Please sign/stamp here

Company's Stamp & Authorized Signature

Date:

← Please sign here

← Please sign here

Signature

Signature

Name (Guarantor 1):

Date:

Name (Guarantor 2):

Date:

- N.B. Please attach with :
- 1) Past 2 years audited accounts
 - 2) Past 6 months bank statements
 - 3) Option to Purchase / Sales and Purchase Agreement
 - 4) NRIC photocopies of both directors & guarantors
 - 5) Income assessment of both directors & guarantors

Note: ** only applicable for mortgage loans