



Individual Customers Application Form

Date of Application:

All Fields Are Mandatory

Co. Reg. No.: 196400348D

PERSONAL PARTICULARS			
MAIN APPLICANT		JOINT APPLICANT/GUARANTOR	
Name: (Mr/ Mrs/ Ms/Mdm/Dr/ Prof)		Name: (Mr/ Mrs/ Ms/Mdm/Dr/ Prof)	
<small>*Please underline surname</small> <input type="checkbox"/> Male <input type="checkbox"/> Female		<small>*Please underline surname</small> <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:	Home:	Office:
		HP:	
E-mail Address:		E-mail Address:	
No of dependant children < 18yrs:		No of dependant children < 18yrs:	
No. of credit cards held:		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	
EMPLOYMENT			
MAIN APPLICANT		JOINT APPLICANT/GUARANTOR	
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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FINANCIAL COMMITMENTS (MAIN APPLICANT)						
Name of Financial Institutions	Loan Type	Collateral Type	Outstanding Amount	Loan Outstanding Period (years)	Monthly Installments	
					Cash portion	CPF portion
FACILITY DETAILS						
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? If Yes, please specify:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you in any way related to the Vendor? If Yes, please specify:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the Vendor granted you any loans or credit facilities to finance your purchase of the property?*** If Yes, please specify:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?*** If Yes, please specify:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
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? If Yes, please specify:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any legal actions and proceedings (including bankruptcy, winding-up or judicial management proceedings) pending or otherwise commenced against you? If Yes, please specify:					<input type="checkbox"/> Yes <input type="checkbox"/> No	



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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 here	Please sign here
Signature	Signature
Name (Main Applicant): Date:	Name (Joint Applicant/Guarantor): Date:

- N.B. Please attach with :
- 1) Latest 2 years Income Tax Assessments.
 - 2) Option to Purchase/Sale & Purchase Agreement.
 - 3) Photocopies of NRIC/ Passport.
 - 4) CPF statement for Residential Properties Scheme.

Note: ** only applicable for mortgage loans