



SECTION A - APPLICATION FORM – SME LOAN

BUSINESS DETAILS

Branch				
Business Name				
Account Number				
Customer ID Type & Number				
Date Business Established/ Registered or Incorporated (Attach copy)				
Date Business Purchased (if applicable)				
Main Business Activity (Products/ Services)				
Sector				
Main Business Location (Town; Street; Plot NO)				
Telephone Number				
Business Mailing Address				
Number of Staff (including owners)				
Type of Business premises (Please tick one)	Self -Owned	Rented – Formal Agreement	Rented – Informal Agreement	Subject to Mortgage
Insured (Tick if insured)	Premises	Stock	Machinery	

TYPE OF BUSINESS [Tick]: Sole Propriety [] Partnership [] Limited Liability Company [] Other []

DETAILS OF OWNERS/ CONTROLLERS		
NAME	DATE OF BIRTH	RESIDENTIAL ADDRESS

NAMES OF SHAREHOLDER[S] / DIRECTOR[S]

NAME	% HOLDING	NATIONALITY	RESIDENTIAL ADDRESS

DETAILS OF LOAN REQUIRED					
Facility (Please tick all that apply)	Loan	Overdraft	Top – Up	First Time Borrower	Repeat

Purpose			
Total cost of purchase (if applicable)			
Loan Amount Required			Interest
Repayment over..... months			Repayment Amount per month/quarter

PROPOSED SECURITY

Type of security	Estimated Value	Brief description (e.g. address and description – residential property/ Commercial premises)
Liquid Assets (T/Bill, Fixed Deposits, Savings Deposit)		
Land/ Building		
Vehicles		
Guarantees		

Formal valuation of any security may be required if application for loan is agreed in principle

Business Outstanding Borrowings (Please attach additional copies of this section if necessary)

Name of Financial Institution	Type of Loan (e.g. loan; O/D)	Original Amount Borrowed	Date facility Drawn-down	Outstanding Balance	Monthly Repayment
Grand Totals					

*Attach loan statement if Outstanding Borrowing exists with FNSL

BUSINESS PERFORMANCE

	YEAR 20.....	YEAR20.....	YEAR20.....
Sales/ Turnover/ Income			
Gross Profit			
Net Profit			
Drawings/ Directors Remuneration			
Net Value of business balance sheet (*Networth/ **Net Tangible Asset)			

Please note that subject to the facility amount requested for, different levels of evidence of financial performance of your business will be required. (Details available at Local Branch)

*Networth = Total Assets – Total Liabilities



**Net Tangible Assets (NTA) = Total Tangible Assets – Total Liabilities

PERSONAL DETAILS OF APPLICANT

FULL NAME	MR/MRS/MS/MISS				
Date of Birth			Nationality		
Position Held					
Residential Address					
Telephone					
Email Address					
Postal Address					
Marital Status (Please tick)	Single	Married	Divorced	Separated	Widowed
Number of dependants					

Personal Financial Commitment (Including Hire Purchase) (Please attach additional copies of this section if necessary)

Name of Financial Institution	Type of Loan (e.g. loan; O/D)	Original Amount Borrowed	Date facility Drawn-down	Outstanding Balance	Monthly Repayment
Grand Totals					

*Attach loan statement if Outstanding Borrowing exists with FNSL

REFERENCE

Full name	
Relationship	
Residential Address	
Postal Address	
Telephone	
Email Address	

Applicant's Declaration	<p>We/ I certify that the information provided above is true and I am aware t detection of any false declaration renders our/ my application void.</p> <p>We/ I certify that the information provided above is true and I am aware t detection of any false declaration renders our/ my application void.</p>
Applicant's Name & Signature	Date
Co - Applicant's Name & Signature	Date



FOR BANK USE ONLY

BRANCH CREDIT OFFICER'S NAME	SIGNATURE	Date
MANAGER'S NAME	SIGNATURE	Date

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SECTION - B

BUSINESS ANALYSIS

I. Action Requested

II. Purpose of The Loan

III. Business Operations, Background to Request and Justification (*not more than 20 lines*)
(*Comment on specific business, key suppliers and buyers, trade terms, evolution over time and the justification of the action requested*)

IV. Pricing:

Commitment/ Processing / Facility fee:

Interest Rate :

V. Repayment

(1) Sources:

Primary :

Secondary :

(2) Term/ Duration:

VI Security (State what is offered)



VII Highlight on Last Credit Facility with FNSL

[1] Did borrower pay all facilities on time or O/D within limit? **[Tick]** Yes [] No []

[2] Did borrower fulfill all previous conditions? **[Tick]** Yes [] No []

Comment:

• **Is there Other Related Company Borrowings from FNSL** **[Tick]**

- Yes []
- NO []

VII. Does Customer have other facility or Deposits with other Bank? **[Tick]**

- Yes []
- No []
- if any attach statement for last three (3) months ,at least

VIII. Brief note on Account Statistics and Comments on A/C *[Not more than 10 lines. Example COT, Balance, Interest Income etc] Template below*

ACCOUNT STATISTICS (SIX MONTHS)

MONTH	WORST BAL	BEST BAL	AVERAGE BAL	DEBIT T/O	CREDIT T/O

IX. Conditions Precedent for Present Facility

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X. SUMMARY & RECOMMENDATION

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BRANCH MANAGER

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RELATIONSHIP OFFICER

Basic attachments [Tick as attached]

- 1. Application Letter []
- 2. Cash Flow projections []
- 3. Financial statement []
- 4. Valuation Reports []
- 5. Search Report []
- 6. Site plan []
- 7. Award Letters / LPO []
- 8. Undertaking Letters []



9. Invoices

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CREDIT MANAGER'S REVIEW & COMMENTS

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Signature:

Date:

RISK MANAGER'S REVIEW & COMMENTS

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Signature:

Date:



FINANCE MANAGER'S REVIEW & COMMENTS

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Signature:

Date:

OPERATIONS MANAGER'S REVIEW & COMMENTS

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Signature:

Date:

SOLICITOR SECRETARY'S REVIEW & COMMENTS

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Signature:

Date:

GENERAL MANAGER'S REVIEW & COMMENTS

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Signature:

Date:



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