

CORPORATE FINANCE

Application Form

REFERENCE NUMBER

SECTION 1		TYPE OF FACILITY (tick where applicable)				
Loan Facilities	<input type="checkbox"/>	Fahi Business Loan	<input type="checkbox"/>	Green Loan	<input type="checkbox"/>	Debt Factoring
Lease Facilities	<input type="checkbox"/>	Finance Lease	<input type="checkbox"/>	Green Lease	<input type="checkbox"/>	Sale and Lease back

SECTION 2		APPLICANT'S DETAILS				
Business Name	<input type="text"/>					
Registration Number	<input type="text"/>	Registered Date	<input type="text"/>			
Legal entity (please tick relevant)	<input type="checkbox"/>	Private Limited Company	<input type="checkbox"/>	Public Limited Company	<input type="checkbox"/>	Sole Proprietorship
	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Others, please specify	<input type="text"/>	
Permanent Address	<input type="text"/>					
Present Address	<input type="text"/>					
Main line of Business	<input type="text"/>					
Name of Parent Company(if applicable)	<input type="text"/>					
Registration Number (for Parent Company)/ ID Card No. (for sole proprietors)	<input type="text"/>	ID card Expiry (for sole proprietors)	<input type="text"/>			
Tax ID No. (TIN)	<input type="text"/>	Registration Expiry (for Sole Proprietors)	<input type="text"/>			
Country of Incorporation	<input type="text"/>	Date of Business Commencement	<input type="text"/>			
Contact Person (Name)	<input type="text"/>	Designation	<input type="text"/>			
E-mail Address	<input type="text"/>	Contact Number	<input type="text"/>			

SECTION 3		SHAREHOLDER/PARTNER(S) DETAILS	
If the number of shareholder/partner(s) exceed the provided slots, please attach an additional copy of this page and complete the following.			
Full Name	ID Card No.	Designation	% of shares
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 4 BANK ACCOUNT DETAILS

Bank	Account Number	Account Opened Date
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

SECTION 5 DETAILS OF RELATED BUSINESS

If the number of businesses exceed the provided slots, please attach an additional copy of this page and complete the following.

Name of Company/Business	Registration No.	Registered Date
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 6 EXISTING FACILITIES

Bank/ Financier	Facility Type	Approved Limit	Outstanding Balance	Security

SECTION 7 PROPOSED FACILITY REQUIREMENT

<input type="checkbox"/> A. For Capital Expenditure	<input type="checkbox"/> For expansion of existing business	
	<input type="checkbox"/> Acquisition of assets	
	<input type="checkbox"/> Others, please specify	<input type="text"/>
<input type="checkbox"/> B. For Working Capital	<input type="checkbox"/> Meet operational expenses	
	<input type="checkbox"/> Others, please specify	<input type="text"/>
<input type="checkbox"/> C. For Loan Enhancement	Reason for enhancement	<input type="text"/>
	Existing loan amount	<input type="text"/>
	Enhancement requirement	<input type="text"/>
<input type="checkbox"/> D. For Debt Factoring	<input type="checkbox"/> Invoice Value	<input type="text"/>
	<input type="checkbox"/> Portfolio Purpose	<input type="text"/>

SECTION 8

PROPOSED FACILITY REQUIREMENT

Facility Amount	<input type="text"/>	Currency	<input type="checkbox"/> MVR	<input type="checkbox"/> USD
Tenure (months)	<input type="text"/>	Grace Period (months)	<input type="text"/>	
Equity Invested	<input type="text"/>	Equity to be invested	<input type="text"/>	
Total Project Cost	<input type="text"/>			
Source of Equity	<input type="checkbox"/> Own funds <input type="checkbox"/> Third party borrowings <input type="checkbox"/> Partnership <input type="checkbox"/> Others, please specify <input type="text"/>			

SECTION 9

ASSETS REQUIRED ON LEASE (for lease only)

Type of Assets	Model No.	Supplier/ Vendor	Value	Brand New/ Second Hand
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

SECTION 10

COLLATERAL/SECURITY DETAILS

10.a To be filled for house/ commercial/ land (if more than one property, please fill and submit a copy of this part for each property)

Name of property	<input type="text"/>			
Registration No.	<input type="text"/>	Registration at/ institution.	<input type="text"/>	
Location	<input type="text"/>	Total land area	<input type="text"/>	
Year Built	<input type="text"/>	Built-up area	<input type="text"/>	
Type of land	<input type="checkbox"/> Private	<input type="checkbox"/> Government	<input type="checkbox"/> Private/ Government	<input type="checkbox"/> Commercial
Type of property	<input type="checkbox"/> Building	<input type="checkbox"/> Flat/Apartment	<input type="checkbox"/> Land	
Usage	<input type="checkbox"/> Own Residence	<input type="checkbox"/> Leased/ Please specify monthly income		
	<input type="checkbox"/> Leased	<input type="text"/>		
Insured value	<input type="text"/>	Asset insured	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10.b FOR VESSELS

If the number of vessels exceed the provided slots, please attach an additional copy of this page and complete the following

Name of vessel	<input type="text"/>	Registry no.	<input type="text"/>
Type of vessel	<input type="text"/>	Year built	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Usage	<input type="checkbox"/> Personal	<input type="checkbox"/> Commercial	Length <input type="text"/>
Declared value	<input type="text"/>	Asset insured	Yes <input type="checkbox"/> No <input type="checkbox"/>

10.c FOR TOURIST RESORTS

If the number of resorts exceed the provided slots, please attach an additional copy of this page and complete the following

Name of resort	<input type="text"/>	Registered no.	<input type="text"/>
Location	<input type="text"/>	No. of rooms	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Lease expiry date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Lessee Name	<input type="text"/>
ID Card No. (if individual)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Registration no. (if company)	<input type="text"/>
Declared value	<input type="text"/>	Asset insured	Yes <input type="checkbox"/> No <input type="checkbox"/>

10.d OWNERSHIP DETAILS

If the number of owners exceed the provided slots, please attach an additional copy of this page and complete the following

	Owner 1	Owner 2	Owner 3	Owner 4
Full Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Present Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Borrower(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Dependents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10.e FOR HEAVY VEHICLES & EQUIPMENT

If the number of assets exceed the provided slots, please attach an additional copy of this page and complete the following

Type of property	<input type="text"/>	Registered no.	<input type="text"/>
Location	<input type="text"/>		
Owner/ Lessee Name	<input type="text"/>		
ID card no. (if individual)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Registration no. (if company)	<input type="text"/>
Declared value	<input type="text"/>	Asset insured	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 11

GUARANTOR DETAILS

If the number of guarantors exceed the provided slots, please attach an additional copy of this page and complete the following).

Full Name	<input type="text"/>	<input type="text"/>
ID Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent address	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>

SECTION 12 DECLARATION

By submitting this application form, I/We agree and warrant that:

1. All information provided in/with this application is true and correct and I/we authorize MFLC to verify this information (this includes contacting employer or accountant or other banks, relevant individuals and MMA Credit Information Bureau) to assess the eligibility for the applied facility.
2. I/we understand that this application is a property of MFLC regardless whether the facility is granted or not.
3. I/we agree that MFLC reserves the right to decline/reject this application at its sole discretion without stating any reason or explanation whatsoever.
4. I/we agree that MFLC reserves the right to grant the loan or disburse an amount less than the amount requested by me/us.
5. I/ we agree that MFLC will not be held liable for any damages incurred due to the outcome of this application.
6. I/we understand that the total amount credited to my/our bank account will be after deduction of applicable fees.

Name (for Business, as in Business Registration, for Individuals, as in ID Card)

Signature

Company seal

Date

D	D	M	M	Y	Y	Y	Y
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SECTION 13 REFERRAL DETAILS

1. Have you ever taken a facility from MFLC? Yes No

2. Referred via Social Media Friend/ word of mouth Event/Expo

News Shop HR/Office

SECTION 14 FOR OFFICE USE ONLY

Form and supporting documents received by

Staff ID

Staff Name

Date

D	D	M	M	Y	Y	Y	Y
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Signature

Stamp

SECTION 15

DOCUMENT CHECKLIST (tick if submitted)

Identity Proof	
COPY	1. Valid ID card of Applicants, Guarantors, and Shareholders, Directors and Partners of the business.
Business Registration Proof	
Sole Proprietors, Partnerships & Companies	
COPY	1. Business Registration Certificate
COPY	2. Business Profile Sheet from Ministry of Economic Development (MED)- Profile sheet verification code shall be provided
COPY	3. Memorandum and Articles of Association
COPY	4. Parent/holding company shall provide the same documents highlighted in this section including valid ID Card copy of shareholders & directors (for partnership & companies)
Applicant's Background Information	
COPY	1. Business Plan/Business Overview (including business background, shareholders, directors and management profile, product & services and operational plans, SWOT -format provided)
Information Forms Required	
ORIGINAL	1. Completed Customer Information Form (KYC) for Individual- to be filled by the Applicants, Guarantors, Business Owners, Shareholders, Directors and Partners of the business
ORIGINAL	2. Completed Customer Information Form (KYC) for Business - to be filled in the name of the business
ORIGINAL	3. Corporate Guarantee Forms- to be filled by parent/holding company and Corporate Guarantor (if applicable)
ORIGINAL	4. Personal Guarantee Forms- to be filled by Directors/Partners of the business and Personal Guarantor (if applicable)
Income Proof (for Individuals)	
ORIGINAL	1. Employment letters/salary slips (12 months), if applicable
COPY	2. Rental agreements
Financial Information (for Business)	
COPY	1. Audited Financials for the past 2 years
ORIGINAL	2. Management accounts for the current year
ORIGINAL	3. Projected Cash flow for minimum 05 years
ORIGINAL	4. Net worth statement of all the directors of the business
ORIGINAL	5. Accounts receivable and account payable ageing statement (format provided)
Tax Related Information (for Business)	
COPY	1. GST/TGST and Income Tax Registration Certificate
ORIGINAL	2. GST/TGST and Income Tax return statement with vouchers of the business for the past one year
ORIGINAL	3. Latest Tax Clearance Report
Proposed Loan/Project Related Information	
COPY	1. Project Breakdown, Quotations, Invoices or full BOQ (with summary breakdown)
COPY	2. Approved drawings with architectural checkers certificate & Structural checkers certificate
COPY	3. Construction Permit
COPY	4. Proof of Equity Investment with the supporting documents
COPY	5. Contractor Agreement for the project
COPY	6. Work Schedule, payment schedule and Disbursement plan
COPY	7. Rent forecasts
COPY	8. Documentary evidence for green project (e.g: quotation/invoice/official receipt from the seller)
Collateral Related Information	
COPY	1. ID Card of property owner(s)
COPY	2. Registry of the collateral
ORIGINAL	3. No Objection Letter from the owner, if different from the applicant
Other Information	
COPY	1. Bank Account Statement for the past 12 months
COPY	2. Any other information relevant to the loan application