



Asset Finance

SALARIED CUSTOMER APPLICATION FORM

FCB ASSET FINANCE APPLICATION FORM

Please complete all sections in CAPITALS and tick where necessary

A. CUSTOMER DETAILS

New Customer Yes No
 Title Mr Mrs Other Sex M F

Surname
 First Names(s)
 Other Names

Date of Birth

ID NO./Passport No.

Permanent Address

Mailing Address (if different from above)

Marital Status Single Married Other

Next of Kin

Contact Details Postal Address Mobile No.

B. HOME STATUS & CONTACT POINTS

Residential Status Own Home Rented Home Other
 Living with parents

Home Phone No.
 Fax No.
 Cell No.
 E-Mail Address
 No. of years at present address

C. EMPLOYMENT DETAILS

Employer Name	<input type="text"/>	Date Employed	<input type="text"/>	Period with Employer	<input type="text"/>
Department	<input type="text"/>	Title	<input type="text"/>	Level (Management Hierachy)	<input type="text"/>
Status-Temp/prob. Contract/Perm.	<input type="text"/>	Tenor of Employment	<input type="text"/>	Expiry Date	<input type="text"/>
Work Address + Code	<input type="text"/>	Work Telephone Contacts	<input type="text"/>	Work Location (Area & Street)	<input type="text"/>
Name of Prev. Employer	<input type="text"/>	Period with Previous Employer	<input type="text"/>	Total Working Experience (Years)	<input type="text"/>

D.**FINANCIAL DETAILS****MONTHLY BUDGET PLANNER**

SALARY DETAILS (3-Month Average)		OTHER FAMILY INCOME & EXPENSES (monthly-Evidence will be required)			
		Income Types	Amount	Expenses	Amount
a) Basic Pay		Expected Income		Rental	
b) Other Allowances (Consolidated Average)		Rental Income			
c) Total Gross Pay (Average)		Business		Family Transportation	
d) Statutory Deductions (PAYE, NSSF, PAYE, etc)		Investments		Food & Upkeep	
e) disposable Income (c-d)		Commissions			
f) Voluntary contributions (Sacco's, SPF, etc)		Spouse		Education	
g) Financial Deductions (Sacco Loans, Bank Loans, Imprests)		Other		Dependants Support	
h) Other Deductions		Total Incomes		Other Expenses:	
i)				1.	
j)				2.	
k) Total Other Deductions (f+g+h+i+j)				3.	
l) Total Deductions (d+k)				4.	
				Total Expenses	

E.**OTHER BANK ACCOUNTS DETAILS**

Name of Bank	Account Type	Account Number	Status

F.**FACILITIES WITH OTHER BANKS****Other Current/Previous/Overdrafts held - Business**

Bank	Type of facility (card loan, overdraft)	Date taken	Instalments	Tenure	Outstanding amount

G.**FACILITY DETAILS****Business Facility Details (please complete in block letters)**

I/We wish to apply for the following (please tick):
 New Vehicle Finance: Used Vehicle Purchase:
 Cost of Vehicle: Deposit: Amount to be Applied for:
 Financing Period (Tenure) Months

Details of Vehicle to be purchased 1

Purpose for purchasing the Vehicle: Personal use: Commercial use: Make:
 Model: Year of Manufacture: Registration/Serial No:
 HP/CC Capacity: Type of fuel (tick): Diesel: Petrol:
 Accessories: Insurance terms:
 Dealer/Seller Details:

Details of Vehicle to be purchased 2

Purpose for purchasing the Vehicle: Personal use: Commercial use: Make:
 Model: Year of Manufacture: Registration/Serial No:
 HP/CC Capacity: Type of fuel (tick): Diesel: Petrol:
 Accessories: Insurance terms:
 Dealer/Seller Details:

Details of Securities

H.**CUSTOMERS DECLARATION****Customer Declaration**

I/We authorise you to obtain any information you may require relating to this application from any source to which you may apply, each source being hereby authorised by me to provide you with such information.
 I/We undertake to notify the Bank immediately of any situation which materially changes the representation of this application.
 I/We hereby authorise the Bank to disclose any and all information in respect of my / our account to the guarantors' as long as the guarantors' liability of this debt Out stands.
 I/We confirm that I am / we are in good health.
 I/We accept and agree to be held by the Terms and Conditions as contained herein.
 I/We confirm that the information in this application and supplementary documentation is true, correct and complete.
 I/We declare that I/We shall not use the vehicles applied for to support business or activities that are prohibited under the Islamic Law.

I/We hereby authorize you to collect a Drop Fee (this amount being 50% of the Documentation fee that will be indicated in the Facility Letter) from my/our account in the event that I/we do not accept the Bank's financing offer within a period of fourteen (14) days of receiving my/our Facility Letter from the Bank.

Signature: _____ Date: _____

For Bank Use only

Identification seen & checked by a member of Staff

Staff Name: Date: Signature: Signature No:

Branch Manager's Name: Date: Signature: