

CUSTOMERS
 PASSPORT SIZE
 PHOTO

Application Date:			
FCB Account Title:		Account No:	
Business Name: (If different from A/C Title)		Date Opened:	
Business Name:			
Years in Business:	Business Reg. No./ID No:	PIN No:	
Type of Company: Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other <input type="checkbox"/>			
Nature of Business:			
(a) Partnership: VAT No:		Shareholding %	
(b) Limited Liability Company:			
Company Registration Date:	Company Receivership Date:	Company Dissolution Date:	VAT No:
Building Name:		Building Block No:	Street:
Office Address:		Post Code:	Fax No:
Town:		Country:	
(c) Business / (Street, Plot No. etc)			
Address: P.O. Box	Code:	Town:	Tel No:
Email Address:		Fax No:	
No. of Employees:	Business Premises: Owned <input type="checkbox"/> Rented <input type="checkbox"/>		

Details of Applicants (to be completed by Sole Proprietor):

Surname:		Other Names:	
Gender:	Date of Birth:	Marital Status:	
ID / Passport No:	PIN No:	Nationality:	
Home Address:	Post Code:	Home Tel: Cell Phone:	
Fax No:	E-mail:	Country:	
Physical Address:	House No:	Street:	
Duration at current Address:			

Credit Rating:

Type of Facility	Facility Amount Applied For (Kshs)	Purpose
1. Overdraft		
2. LPO financing		
3. Invoice Discounting		
4. Performance Guarantees		
5. Other i.e Structured, Wholesale, MFI (Please Specify)		

Total Cost of Project/Items to be financed: Kshs _____
(Where applicable please attach documentary evidence of costs to be financed e.g. LPOs, Pro-forma invoices etc)

Sources of Repayment _____

Proposed Repayment Terms _____

Existing Facilities:

Bank	Type of Facility	Facility Amount Granted	Repayment per Month	Outstanding Balance

Directors Business/partners:

Name	% Shares (Above 5%)
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)

Key Person (s) In the Business (i.e. All Proprietor, Partners, Directors Share holders)

Name:	% Shares (Above 5%)	
Surname:	Other Names:	
Gender:	Date of Birth:	Marital Status:
ID/Passport No:	PIN No.	Nationality:
Home Address:	Post Code:	Home Tel: Cell Phone:
Fax No:	E-mail:	Country:
Physical Address:	House No:	Street:
Duration at Current Address:		
Designation:	Qualification:	Length of period in Business (yrs)
Personal Account No:	Bank:	Branch:
Designation:	Type:	Amount:

Existing Bank Accounts:

Bank	Branch	Type of Account	Facilities Enjoyed	Amount (Kshs)

Financial Details:

From:	To:		
Sales (p.a)		Value of Stocks Held	
Cost of Goods Sold		Trade Debtors O/S	
Operating Expenses		Trade Creditors O/S	
Other Costs		Other Debts	
Net profit (before tax)		Paid-up capital	

Nature of Security:

Property Title <input type="checkbox"/> (Car; House)	Quoted Shares <input type="checkbox"/>	Life Policy <input type="checkbox"/>	Fixed Deposit Balance <input type="checkbox"/>	Other <input type="checkbox"/>
If other specify:				
Approximate Market value: Kshs		Owned by:		
Applicant indicate the following details relating to the owner:				
P.O. Box No: Post Office code:		Town: Tel No:		
If nature of security offered is 'Property Title' Indicate the following details:				
L.R. No: (Attach copy of title document)				
Nearest Major town:		Size (in acres):		
If property is developed, describe nature of developments below:				

Future Plans/Expectations:

If granted the advance, briefly describe below what the business expects to achieve:

- i. In the short term: _____
- ii. In the long term: _____

Kindly Attach the following documents for facility processing:

- Copies of (National ID or Passport) for Directors or business owner
- Copy of Business Registration Certificate
- Copy of PIN certificate
- Audited accounts for the last 3years

