



No.73/5, Galle Road, Colombo 03, Sri Lanka.
Tel: 00 94 11 2 442 442
Call Centre: 00 94 11 2 350 000

Bank Use Only	
Branch Name and Code. :	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"/>
Client Type :	<input type="checkbox"/> New <input type="checkbox"/> Existing
Relationship Officer :	<input type="text"/>
Employee No. :	Contact No.(Mobile/Extension) : <input type="text"/>

Notes to the Applicant

- Please fill in BLOCK CAPITAL letters
- Please fill in all cages for faster processing
- For assistance, please contact the Relationship Officer
- If necessary, please use extra sheets of paper

The Manager,
DFCC Bank PLC,
 Branch

I/We submit herewith our proposal to obtain the following credit facility (facilities) from your Bank. To support this proposal I/we furnish the relevant information, which I/we certify to be true, complete and accurate. I/We therefore request you to rely on this information in considering this proposal. I/We undertake to inform you in writing of any change material to this information. I/We authorise you to debit account number for all inspection, valuation, legal and other charges relating to this proposal. I/We also expressly authorise the Bank to obtain any information from any other sources with regards to this proposal and each such source is hereby authorised to provide information as may be requested by the Bank.

Constitution : Proprietorship Partnership Private Ltd Liability Company Public Ltd Liability Company
 Personal (Individual/Joint) Other - Specify

(01) PERSONAL FACILITIES

Primary Borrower

(I) Personal Details

Full Name :
 (Rev./Dr./Mr./Mrs./Ms.)
 (Please underline the surname)
 Permanent Address :
 Correspondence Address :
 NIC/PP No. : Nationality : Date of Birth :
 Place of Birth : Gender : Male Female
 Marital Status : S M D W Telephone No. : Mobile No. :
 Email Address :
 Educational Background : Primary Secondary Graduate Post-Graduate
 Other - Specify
 Spouse's Name :
 Spouse's Telephone No. : Spouse's Mobile No. :

(II) Employment Details

Applicant

Spouse

Profession/Business :	<input type="text"/>	<input type="text"/>
Name of Employer/ Business :	<input type="text"/>	<input type="text"/>
Nature of Business :	<input type="text"/>	<input type="text"/>
Office/Business Address :	<input type="text"/>	<input type="text"/>
Telephone No. :	<input type="text"/>	<input type="text"/>
Email Address :	<input type="text"/>	<input type="text"/>
Employed Since :	<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"/>

(III) Income Details (Rs. Per Month)

Applicant

Spouse

Employment Income :	<input type="text"/>	<input type="text"/>
Interest/Investment Income :	<input type="text"/>	<input type="text"/>
Other Fixed Income Specify :	<input type="text"/>	<input type="text"/>
Total Expenses :	<input type="text"/>	<input type="text"/>
Net Disposable Income :	<input type="text"/>	<input type="text"/>

Secondary Borrower

(I) Personal Details

Full Name : _____
 (Rev./Dr./Mr./Mrs./Ms.)
 (Please underline the surname)

Permanent Address : _____

Correspondence Address : _____

NIC/PP No. : _____ Nationality : _____ Date of Birth : D D M M Y Y Y Y

Place of Birth : _____ Gender : Male Female

Marital Status : S M D W Telephone No. : _____ Mobile No. : _____

Email Address : _____

Educational Background : Primary Secondary Graduate Post-Graduate
 Other - Specify _____

Spouse's Name : _____

Spouse's Telephone No. : _____ Spouse's Mobile No. : _____

(II) Employment Details

	Applicant	Spouse
Profession/Business :	_____	_____
Name of Employer/Business :	_____	_____
Nature of Business :	_____	_____
Office/Business Address :	_____	_____
Telephone No. :	_____	_____
Email Address :	_____	_____
Employed Since :	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y

(III) Income Details (Rs. Per Month)

	Applicant	Spouse
Employment Income :	_____	_____
Interest/Investment Income :	_____	_____
Other Fixed Income Specify :	_____	_____
Total Expenses :	_____	_____
Net Disposable Income :	_____	_____

(02) BUSINESS FACILITIES

(I) Business Details

Name of the Business : _____

Registration No. : _____ Date of Registration : D D M M Y Y Y Y

Date of Business Commencement : D D M M Y Y Y Y

Registered Address : _____

Correspondence Address : _____

Telephone No. : _____ Mobile No. : _____

Email Address : _____

Nature of Business : _____

Details of Parent/ Associate/Subsidiary Companies :	Share Capital Held		Nature of Business / Product Name
	Name of Company	Value	
_____	_____	_____	_____
_____	_____	_____	_____
Auditors :	_____		

(II) Capital Investment (Rs. Mn)

	Proprietorship	Partnership	
Equity Capital :	<input type="text"/>	<input type="text"/>	
	Authorised	Issued	Paid Up
Private / Public Limited Liability Companies :	<input type="text"/>	<input type="text"/>	<input type="text"/>

(III) Contact Person Details

Name :	<input type="text"/>		
(Rev./Dr./Mr./Mrs./Ms.)	<input type="text"/>		
(Please underline the surname)	<input type="text"/>		
Designation :	<input type="text"/>	Client ID :	<input type="text"/>
Telephone No. :	<input type="text"/>	Mobile No. :	<input type="text"/>
Email Address :	<input type="text"/>		

(03) GENERAL INFORMATION**(I) Details of Bank Accounts****(a) With DFCC Bank PLC**

	Account No.	Account Type	Branch
Recovery Account :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Accounts :	<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) With Other Banks / Financial Institutions

	(1)	(2)	(3)
Name of Bank/ Financial Institution :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account No. :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Type :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Opened :	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Present Balance (Rs.) :	<input type="text"/>	<input type="text"/>	<input type="text"/>

(II) Details of Existing Loans, Leases and Other Credit Facilities (Excluding DFCC Bank PLC)

	(1)	(2)	(3)
Name of Bank/ Financial Institution :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Facility Type :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Approved Limit :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Balance (Rs.) :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interest Rate (p.a) :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly Installment/ Rental (Rs.) :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Security Offered :	<input type="text"/>	<input type="text"/>	<input type="text"/>

(III) Assets Owned By the Applicant**(a) Immovable Property**

	(1)	(2)	(3)
Details/Location :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extent :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Market Value (Rs.) :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Remarks :	<input type="text"/>	<input type="text"/>	<input type="text"/>

**(b) Movable Property
Including Vehicles**

Details/Make/Model :			
Registration/Serial No. :			
Current Market Value (Rs.):			
Remarks :			

(c) Shares

	(1)	(2)	(3)
Name of Company :			
	<input type="checkbox"/> Quoted <input type="checkbox"/> Unquoted	<input type="checkbox"/> Quoted <input type="checkbox"/> Unquoted	<input type="checkbox"/> Quoted <input type="checkbox"/> Unquoted
Par Value (Rs.) :			
No. of Shares :			
Market Value (Rs.) :			

**(d) Details of Stocks,
Investments or Any
Other Assets**

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(04) TAX DETAILS

(I) Income Tax for the Past 3 Years (Attach Assessment Notices and Tax Receipts)

	(1)	(2)	(3)
Year of Assessment :	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>
Assessable Income (Rs.) :			
Taxable Income (Rs.) :			
Tax Payable (Rs.) :			
Tax Paid (Rs.) :			

(II) BTT/VAT or Any Other Revenue Based Taxes for the Last Financial Year

	Turnover (Rs.)	Tax Paid (Rs.)
Quarter 01 / 20 <input type="text"/>		
Quarter 02 / 20 <input type="text"/>		
Quarter 03 / 20 <input type="text"/>		
Quarter 04 / 20 <input type="text"/>		

(05) PROJECT / BUSINESS DETAILS

(I) Description of Project / Business

Existing Business :	
Proposed Business :	
Supply Chain (Existing and new sources proposed if any) :	
Market (Existing and proposed arrangements) :	
Environmental Clearances :	<input type="checkbox"/> Clearance Obtained <input type="checkbox"/> Applied for Clearance <input type="checkbox"/> Not Applicable

(09) CHECK LIST

Requested by
DFCC Bank PLC

Submitted by
the Client

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Copy of Business Registration/Company Incorporation Certificate together with Form 20 and Form 13 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Certified copy of the Partnership Agreement/Memorandum and Articles of Association |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Detailed audited financial statements for past three years |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Invoices, catalogues, technical data etc. for the plant equipment and machinery to be procured along with two alternative quotations |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If new buildings are proposed, approved building plan and priced Bill of Quantities (BOQ) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Copy of Environmental Protection Licence |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Borrower's Declaration (for SMI Loans) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Details of the project; |
| <input type="checkbox"/> | <input type="checkbox"/> | (a) Present Production Capacity (if any) and estimated increase in capacity after the proposed project |
| <input type="checkbox"/> | <input type="checkbox"/> | (b) Forecasted Profitability Statement for the proposed project together with assumptions |
| <input type="checkbox"/> | <input type="checkbox"/> | (c) Any other relevant information on the project/sponsors (If a project report covering the above information is available, please attach a copy) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Additional particulars of Individual/ Proprietor/Partners/Directors and proposed Personal Guarantors as per format given in Annexure 01. Please use photocopies if more than one Guarantor is proposed |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. If Land /Buildings are offered as security; |
| <input type="checkbox"/> | <input type="checkbox"/> | (a) Complete set of title documents (including the original Title Deed indicating ownership of properties) covering a period of 35 years clear title |
| <input type="checkbox"/> | <input type="checkbox"/> | (b) A recent survey plan depicting the allotment of land as well as the buildings thereon together with earlier plans |
| <input type="checkbox"/> | <input type="checkbox"/> | (c) Registration extracts from the relevant land registry covering a minimum period of 35 years |
| <input type="checkbox"/> | <input type="checkbox"/> | (d) Pedigree and Abstract of Title |
| <input type="checkbox"/> | <input type="checkbox"/> | (e) I. Non Vesting Certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | II. Certificates regarding Street Lines and Building Limits |
| <input type="checkbox"/> | <input type="checkbox"/> | III. Certificate of Ownership |
| <input type="checkbox"/> | <input type="checkbox"/> | IV. Tax Receipt in respect of the last quarter |
| <input type="checkbox"/> | <input type="checkbox"/> | (f) In the case of leased premises, copy of the Lease Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. If a Company Guarantee is offered as security, certified copy of Memorandum and Articles of Association of the guaranteeing company |

