	ΑΡΡΙΙΟΑΠΟ	N FOR AUTO LOAN FA	ACILITY - PERSONA	AL / BUSINESS	
DFCC	_	Bank U	Jse Only		
/ BANK	Branch Name and Code :			Date : D D M M	YYYY
No.73/5, Galle Road, Colombo 03, Sri L	Client Type :	New Existing			
Tel: 00 94 11 2 442 442 Call Centre: 00 94 11 2 350 000	Relationship Officer :				
	Employee No. :	Contac	t No. (Mobile/Extension) :		
Notes to the Applicant					
Please fill in BLOCK CAPITAL le			ease contact the Relationsh		
Please fill in all cages for faste	r processing	<ul> <li>If necessary, pleas</li> </ul>	se use extra sheets of pape	r	
The Manager, DFCC Bank PLC,					
	Branch				
Constitution : Proprietors	ship Partne	ership Private Li	td Liability Company	Public Ltd Liak	oility Company
Personal (I	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 :					
remanent Address .					
Correspondence Address :		البوالي ويويون			
NIC/PP No.:		Nationality :	Date	e 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	University		Post-Graduate
Spouse's Name :	Other - Specify				
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 :	D D M M Y Y Y Y		D D M M Y Y Y	Υ	
(III) Income Details (Rs. Per Mont	h) Applicant			Spouse	
Employment Income :					
Interest/Investment Income : Other Fixed Income					الا الار الار الار الار: الار الار الار الار ال
Specify :					
Total Expenses :					
Net Disposable Income :					

Sec (I)	condary Borrower Personal Details Full Name : (Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname) Permanent Address :				
	Correspondence Address :				
	NIC/PP No. :		Nationality :		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	University	Post-Graduate
		Other - Specify			
	Spouse's Name :				
	Spouse's Telephone No. :			Spouse's Mobile No. :	
(11)	Employment Details	Applicant			Spouse
	Profession/Business :				
	Name of Employer/Business :				
	Nature of Business :				
	Office/Business Address :				
	Telephone No. :				
	Email Address :				
	Employed Since :	D D M M Y Y Y Y		D D M M Y Y Y Y	
(111)	Income Details (Rs. Per Mont	h) Applicant			Spouse
	Employment Income :				
	Interest/Investment Income :				
	Other Fixed Income Specify :				
	Total Expenses :				
	Net Disposable Income :				
		(02) BUSI	INESS FACILITIES		
(I)	Business Details				
	Name of the Business :				
	Registration No. :			Date of Registrat	ion: D D M M Y Y Y Y
	Date of Business	D D M M Y Y Y Y			
	Commencement : Registered Address :				
	Correspondence Address :				
	Telephone No. :			Mobile No. :	
	Email Address :				
	Nature of Business :				
				Share Capital Held	Nature of Business
	Details of Parent/ Associate/Subsidiary Companies :	Name of Company	Valu	Je Percentage	Product Name
	Auditors :				

## (II) Capital Investment (Rs. Mn) :

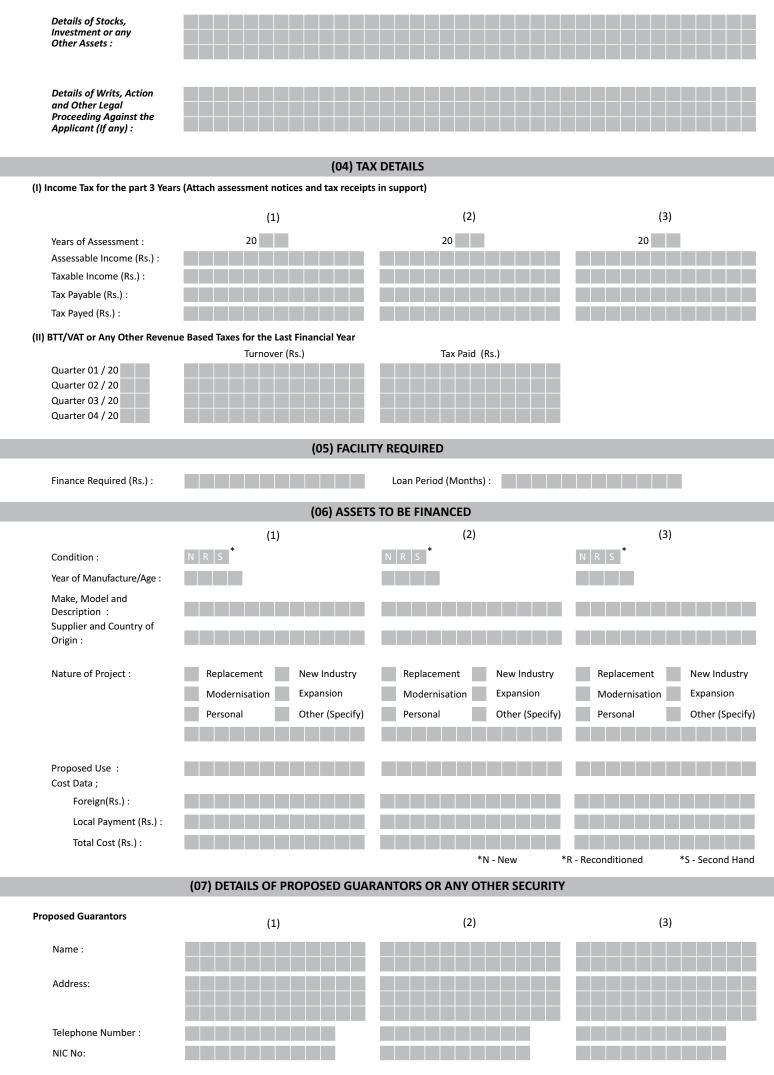
Equity Capital :	Proprietorship		Partnership	
Private Limited Liability Companies :	Authorised	-	Issued	Paid Up
III) Contact Person Details				
Name : (Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname) Designation :				Client ID :
Telephone No. :			Мо	bile No. :
Email Address :				
V) Details of Partners and Directors				
(a) Full Name : (Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)				
NIC/PP No. :		Client ID :		Date of Birth : D D M M Y Y Y Y
Telephone No. :			Mc	bile No. :
Address :				
Percentage of Shares/	%		larket Value of Shares/ quity Capital Held :	
(b) Full Name : (Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)				
NIC/PP No. :		Client ID :		Date of Birth: D D M M Y Y Y Y
Telephone No. :			Mc	bile No. :
Address :				
Percentage of Shares/	%		larket Value of Shares/ quity Capital Held :	
(c) Full Name : (Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)				
NIC/PP No. :		Client ID :		Date of Birth : D D M M Y Y Y Y
Telephone No. :			Mc	bile No. :
Address :				
Percentage of Shares/ Equity Capital Held :	%		Narket Value of Shares/ quity Capital Held :	
(d) Full Name : (Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)				
NIC/PP No. :		Client ID :		Date of Birth : D D M M Y Y Y Y
Telephone No. :			Mc	bile No. :
Address :				
Percentage of Shares/	%		larket Value of Shares/ quity Capital Held :	
(e) Full Name : (Rev./Dr./Mr./Mrs./Ms.) (Please underline the surname)				
NIC/PP No. :		Client ID :		Date of Birth : D D M M Y Y Y Y
Telephone No. :			Mc	bile No. :
Address :				
Percentage of Shares/	%		larket Value of Shares/	
Equity Capital Held :		Ec	quity Capital Held :	

(03) GENERAL INFORMATION

(I) Details of Bank Accounts			
a) With DFCC Bank PLC	Account No.	Account Type	Branch
Recovery Account :			
Others :			
b) With Other Banks/ Financial Institutions	(1)	(2)	(3)
Name of Bank/ Financial Institution :			
Branch :			
Account Type :			
Account Name :			
Date Opened :	D D M M Y Y Y Y	D D M M Y Y Y	D D M M Y Y Y Y
Present Balance (Rs.) :			

## (II) Other Facilities and Credit Limits (Excluding DFCC Bank PLC)

	(1)	(2)	(3)
Name of Institution :			
Type of Facility :			
Original Facility (Rs.) :			
Security :			
Monthly Installment (Rs.) :			
Outstanding as At :			
(III) Assets Owned By the Applicant (a) <i>Immovable Property</i>	(1)	(2)	(3)
Details/Location :			
Extent :			
Current Market Value (Rs.) :			
Remarks :			
(b) Movable Property Including Vehicles	(1)	(2)	(3)
Details/Make/Model :			
Registration/Serial No. :			
Current Market Value (Rs.) :			
Remarks :			
(c) Shares	(1)	(2)	(3)
Name of Company :			
Quote Par Value (Rs.) :	ed Unquoted	Quoted Unquoted	Quoted Unquoted
No. of Shares :			
Market Value (Rs.) :			



Annexure 01 must be completed by personal guarantors

Proposed other Securities	(1)	(2)	(3)
Type and Asset :			
Details :			
Market Value as at Date (Rs.) :			
(Rs.) : Owned By :			

## (08) DECLARATION

(09) CHECK LIST

I/We declare that the information furnished in this application and attachments is true and warrant that I/we have made full disclosure of all matters relevant in any way whatsoever. I/We agree that any material error, omission or misrepresentation will give DFCC Bank PLC the right to cancel the loan facility and to demand and recover payment of all its claims on the company/borrower.

I/We authorise you to make any inquiries you deem necessary for credit assessment or confirmation of the above particulars from financial institutions, auditors or any other party.

Name of the Applicant / Authorised Signatory

Signature of the Applicant / Authorised Signatory

D D M M Y Y Y

		· ·				
Requested by DFCC Bank PLC	Submitted by the Client					
		1. Articles of Association updated with copies of certified resolutions if not included in the documents furnished				
		2. Certified copy of the Partnership Agreement/Memorandum and Articles of Association.				
		3. Copy of Certificate of Incorporation / Business Registration				
		4. Detailed Profit and Loss Accounts for the past 3 accounting periods				
		5. Detailed Balance Sheets covering the past 3 accounting periods				
		6. Annual Report covering the last 3 accounting periods				
		7. Performa Invoice of the asset to be financed				
		8. Catalogues/Technical Specifications of the equipment to be financed				
		9. Condition/Valuation Report (if second hand/reconditioned unit)				
		10. Inspection Report by Valuers (if secondhand equipment)				
		11. Income Tax Returns of Directors, Partners and Guarantors (Covering the last 3 years)				
		12. Bank statements covering the last 6 months				
		13. NIC Copies of Directors, Partners and Guarantors				
		14. Any other relevant documents Please Specify				

ANNEXURE (01) INFORMATION TO BE SUBMITTED IN RESPECT OF PROPRIETOR / PARTNERS / DIRECTORS AND PROPOSED PERSONAL GUARANTORS

In the case of directors of public limited liability companies you may furnish information requested in (a),(b) and (c) only

In the case of directors of public limited liability companies you may furnish information requested in (a),(b) and (c) only				
(a) Name :				
(b) NIC No :				
(c) Telephone No. :				
(d) Address :				
(e) Email Address :				
(f) Profession :				
(g) Bankers :	Name of the Bank	Branch	Account No.	
(h) List of Assets :	Asset Type	Description	Market Value (Rs.)	
(i) Liabilities :	Bank/Financial Institution/Other	Amount Liable (Rs.)	Monthly Commitment (Rs.)	
(j) Income Tax Particulars for the Past Three Years (as certified by a firm of chartered accountants)				

Year of Assessment :	20	20	20
Income (Rs.) :			
Statutory Income (Rs.) :			
Assessable Income (Rs.):			
Tax Payable (Rs.) :			
Tax Paid (Rs.) :			



D D M M Y Y Y Y



Signature of Chartered Accountant

