

APPLICATION FOR CREDIT FACILITIES – PARTNERSHIP

Fill in block capitals *delete or write none where appropriate

Name Of Firm		Official Address	
Date Of Business Registration		Business Telephone Nos.	
Name Of Partners	Holdings	Residential Address	Telephone

Types of business & trading lines

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Facility / Requested

Facility	Amount

Purpose In Detail

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Repayment Plan / Source

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Security/ies Offered

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Names of concerns in which the partner/s has/have financial & other interests

Name of partner	Firm	Capacity	Address

Bank account & finance company deposits (please give all details of all current / deposit / saving accounts with us & other financial institutions)

Name of institution	Branch	Type of account	A/C NO. (If any)	Balance

Existing facilities with commercial bank of maldives (if any)

Branch	Date & type of Facility	Original Amount	Present Outstanding	Securities held

Facilities with other banks / finance com/hire purchase leasing com / others

Name of institution	Date & type of facility	Original Amount	Present Outstanding	Securities held

Business turnover tax for the past 3 years (attach support documents)

Year	1 st quarter	2 nd quarter	3 rd quarter	4 th quarter

Financial statements

Please enclose Audited Accounts for the past 03 years. In case the Audited or Draft accounts for the last year are not available you may submit the following figures for the last Tax year.

Year as at	Other Debtors
Sales	Trade Creditors
Gross Profit	Other Creditors
Net Profit	Due to Other Banks
Turnover Tax Paid	And/or * Finance
Stock in Trade	Companies
(Insured for MVR)	Drawings of Partners
Trade Debtors	Fixed Assets

Any previous borrowings within the last 04 years which have been settled in full

Any other information in your view would be relevant to this application

Name/s of partner/s who manage/s the business

The information set above is true to the best of our knowledge & belief and we agree that the bank may from time to time after receipt, of this Application make inquiries about our affairs as it may think fit.

Date : A/C No :
Signature of Sole Partners

The person to be contacted for any further clarification.

Name : Tel No :