

Product	Unsecured Overdraft (UOD)	
Feature	A Revolving Line of Credit	
	All locally registered business entities are eligible for application. Business entities comprise sole proprietors, partnerships and private limited companies.	
Term of Loan	Pricing	From 12.8% p.a. (Interest is charged only on the amount used)
	Facility Type	Unsecured Overdraft facility
	Max Loan Amount	Up to S\$200,000 (in multiples of S\$10,000)
	Loan Tenor	Revolving, subject to annual review
Other Terms & Conditions	Annual Fee	From S\$500 (Payable on the 15 th day of August every year)
	Administrative/ Processing Fee	S\$500 or 1% of approved limit, whichever is higher
Use of the Loan	<ul style="list-style-type: none"> Working Capital Requirements Day-to-day Business Operations 	
Obtaining Application Form	For a copy of the Corporate Credit Request Form, please: <ul style="list-style-type: none"> Contact your Relationship Manager Visit any DBS Branch DBS Website – http://www.dbs.com/sg/ Call our Corporate Contact Centre at 1800-222 2200, select option 3 	
Required Documents	<ul style="list-style-type: none"> Photocopy of NRIC (front and back) of guarantor(s) Income Tax Notice of Assessment for the last 2 years of sole proprietor / key partners / directors Bank Statements for the last 3 months (if operating account is not maintained with DBS) Financial Statements (audited where applicable) for the last 2 years (latest financial statements should be less than 18 months old) Original / Certified True Copy of Updated Memorandum and Articles of Association by any 1 director (only applicable for Pte Ltd Companies which do not maintain any borrowing account with DBS) Business Plan for business with less than 2 years in operation For Professional Practices <u>NOT</u> registered with ACRA : <ol style="list-style-type: none"> A copy of a confirmation from the relevant authority on the constitution of the firm and the name(s) of the sole proprietor/ partners. <ol style="list-style-type: none"> FOR LAWYERS; by way of a confirmation letter from the Law Society <ul style="list-style-type: none"> Original is to be sighted by branch /sales staff Date of letter should not be more than one month to date of application FOR MEDICAL PRACTITIONERS; by way a clinic licence from MOH <ul style="list-style-type: none"> Original is to be sighted by branch / sales staff Date of application must be within validity date of clinic licence FOR ACCOUNTANTS; by way of an online print-out from Bizfile website <ul style="list-style-type: none"> URL http://www.acra.gov.sg/information/instantinfo.html Date of print-out should not be more than one month to date of application FOR ARCHITECTS; by way of a Confirmation letter from Board of Architects on the constitution of the firm <ul style="list-style-type: none"> Original is to be sighted by sales/branch staff Date of letter should not be more than one month to date of application (II) Original Letter stating equity partners & authorized signatures (for partnership only). Other supporting financial information of relevance to this application 	
Submission	<ul style="list-style-type: none"> Any DBS Branch or DBS Business Centre District Manager / Relationship Manager Address as stated on the Application Form 	

Disclaimer

Notwithstanding anything herein contained, DBS Bank reserves the right at any time in its absolute discretion to:-

- amend, add and/or delete any of these terms without prior notification or*
- vary, withdraw, or cancel the above banking facility(ies) without having to disclose a reason thereof and without any compensation or payment whatsoever.*

APPLICATION FORM (Only applicable for businesses registered in Singapore)
ENTERPRISE BANKING



Bank Staff No:

Campaign Code:
 3rd Party Agent:

CUSTOMER INFORMATION

Registered Business Name (as per ACRA):		Date of Incorporation/ Registration (DD/MM/YYYY):	Registration No/ UEN: (if registered with ACRA)
Business Address: Postal Code:	Business Premises : <input type="checkbox"/> Owned (Unencumbered) <input type="checkbox"/> Owned (Mortgaged) <input type="checkbox"/> Rented	Years in Active Operation:	No. of Employees:
	Contact Person: Dr/Mr/Mdm/Ms Contact No.:		
Mailing Address: (if different from above) Postal Code:	Constitution: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership – Limited <input type="checkbox"/> Partnership – Unlimited <input type="checkbox"/> Private Limited <input type="checkbox"/> Others (Please specify) _____		
Main Operating Account : (Please tick one only) <input type="checkbox"/> DBS Bank <input type="checkbox"/> Others _____ (Please specify which Bank)	Financial Performance	Latest Year 20____	Previous Year 20____
	Sales	S\$	S\$
	Net Profit After Tax	S\$	S\$

Classification of Business: (Please tick one only)

<input type="checkbox"/> Building & Construction	<input type="checkbox"/> Transport & Communications	<input type="checkbox"/> Household / Community Services
<input type="checkbox"/> Investment Holding	<input type="checkbox"/> Air Transport	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Land Transport	<input type="checkbox"/> Entertainment
<input type="checkbox"/> Electronic Products	<input type="checkbox"/> Water Transport	<input type="checkbox"/> Gambling & Related
<input type="checkbox"/> Food	<input type="checkbox"/> Services related to transportation of goods	<input type="checkbox"/> Restaurant / Catering
<input type="checkbox"/> Industrial Chemicals	<input type="checkbox"/> Services related to transportation of passengers	<input type="checkbox"/> Salon / Beauty Care
<input type="checkbox"/> Printing / Publishing	<input type="checkbox"/> Financial & Business Services	<input type="checkbox"/> Professional Practices
<input type="checkbox"/> Plastics Products	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Accounting/ Auditing/ Secretarial Services
<input type="checkbox"/> Others	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Engineering / Architect
<input type="checkbox"/> Trading	<input type="checkbox"/> Property Agency	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Import & Export	<input type="checkbox"/> Reinsurance / Insurance Co.	<input type="checkbox"/> Medical Services
<input type="checkbox"/> Retail	<input type="checkbox"/> Training/ Educational Services	
<input type="checkbox"/> Arms Trading		
<input type="checkbox"/> Second Hand Car Dealer		
<input type="checkbox"/> Pharmacies & Drug Stores	<input type="checkbox"/> Others; please specify _____	

Is more than 50% of revenue from property investment in Singapore? Yes No

Is more than 50% of total assets in immovable property in Singapore? Yes No

TYPE OF FACILITY REQUESTED

	Amount (S\$)	Financing Period
Working Capital Financing		
DBS Business Loan		Years (Up to 5 years)
Grow with DBS (LEFS Micro Loan)		Years (Up to 4 years)
Overdraft		
To be secured by: <input type="checkbox"/> Fixed Deposit in (please specify currency & amount) _____ In Name of: _____ (name of surety of FD) of NRIC No./Reg No. _____		N.A.
<input type="checkbox"/> Property (Please complete Appendix A)		

PARTICULARS OF MAIN PRINCIPAL/ MAIN GUARANTOR		PARTICULARS OF PRINCIPAL 2/ GUARANTOR 2	
Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Indonesian <input type="checkbox"/> Others	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> N.A.	Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Indonesian <input type="checkbox"/> Others	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> N.A.
Contact Telephone No:	Occupation:	Contact Telephone No:	Occupation:
Years of industry experience:	Years of management experience:	Years of industry experience:	Years of management experience:
Residence: <input type="checkbox"/> Owned (Unencumbered) <input type="checkbox"/> Owned (Mortgaged) <input type="checkbox"/> Rented <input type="checkbox"/> Parents' <input type="checkbox"/> Others_____ (Please specify)	Length of Stay (years):	Residence: <input type="checkbox"/> Owned (Unencumbered) <input type="checkbox"/> Owned (Mortgaged) <input type="checkbox"/> Rented <input type="checkbox"/> Parents' <input type="checkbox"/> Others_____ (Please specify)	Length of Stay (years):
	Residential Type: <input type="checkbox"/> HDB <input type="checkbox"/> Condo/ Apartment <input type="checkbox"/> Landed		Residential Type: <input type="checkbox"/> HDB <input type="checkbox"/> Condo/ Apartment <input type="checkbox"/> Landed
Highest Qualification: <input type="checkbox"/> University/ Post Graduate <input type="checkbox"/> ITE Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Secondary & Below <input type="checkbox"/> A-Level/ Pre University		Highest Qualification: <input type="checkbox"/> University/ Post Graduate <input type="checkbox"/> ITE Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Secondary & Below <input type="checkbox"/> A-Level/ Pre University	

DETAILS OF FACILITIES WITH OTHER FINANCIAL INSTITUTIONS OF PRINCIPAL/ GUARANTOR

If the space provided is insufficient, please provide the information on a separate sheet of paper and attach it to this form

Principal/ Guarantor	Name of Financial Institution	Credit Limit (S\$)	Type of Facilities (Overdraft/ Term Loan/ Housing Loan/ Vehicle Loan)	Monthly Installment (S\$)		Interest Rate (%)	Outstanding Amount (S\$)
				Cash	CPF		
Main Principal/ Main Guarantor							
Principal 2/ Guarantor 2							

AGREEMENT

- (i) "I/We" refers both to the business entity (i.e. sole proprietorship/partnership/company/professional firm) applying for the credit facility and to the individual sole proprietor, partners and directors signing below.
- (ii) I/We confirm that the information given above is true and correct and that I/we have not fully withheld any material fact.
- (iii) I/We acknowledge that the Bank has the absolute right to approve or reject the application without assigning any reason whatsoever and the documents accompanying this application shall become and remain the property of the Bank.
- (iv) I/We authorize each and every financial institution and credit/charge card issuer with whom I/we have any account(s) and their officials to divulge to you any and all information whatsoever regarding the money or other relevant particulars of my account(s) as you may from time to time request.
- (v) I/We hereby authorize and give you consent to conduct credit checks on me/us (including but not limited to checks with any credit bureau recognized as such by the Monetary Authority of Singapore) and to obtain and verify and/or disclose or release any information relating to me/us and/or any of my/our account(s) with you from or to any party or source as you may from time to time deem fit at your own discretion (including, without limitation, insurers and arranger of Loan Insurance Scheme, IE Singapore and/or SPRING Singapore in connection with my/our application for Trade Financing under Loan Insurance Scheme) and without any liability or notice to me/us.
- (vi) "I/We" hereby agree to abide and be bound by your terms and conditions and/or agreements governing or relating to any credit or banking facility and any services extended by you and utilized by us and any transactions entered into between you and us (as each of such terms and conditions or agreements may be amended, supplemented, varied and/or replaced from time to time) (collectively the "Terms"). Copies of the Terms are available from any DBS Branch.

Sole Proprietor/ Key Partners/ Directors/ Guarantors to sign:

Signature	Signature
Name (as in NRIC/Passport):	Name (as in NRIC/Passport):
Date:	Date:

Please mail this form & the required supporting documents listed below to:

DBS Bank Ltd
6 Shenton Way, DBS Building, Singapore 068809.
Attn: IBG 3&4- Business Support Unit (CP No: T10095)

(Application form must be completed in full and should reach us no later than two weeks from the date of this application)

Notes:

Please allow up to 2 weeks for the application processing upon receipt of the duly completed application form and full documentation.

For enquiries, please contact our Relationship Officers at **1800-222-2200** or email us at smebanking@dbs.com

MANDATORY DOCUMENTS TO SUBMIT:

- Photocopy of NRIC** (front and back) of applicant and guarantor(s)
- Income Tax Notice of Assessment** for the last 2 years of sole proprietor/ key partners/ directors
- Bank Statements** for the last 3 months (if operating account is not maintained with DBS)
- Financial Statements** (audited where applicable) for the last 2 years (latest financial statements should be less than 18 months old)
- Management Accounts** - dated less than 6 months to the date of LIS application and signed off by an authorized director (applicable for Trade Financing under LIS applications)
- Original/ Certified True Copy of Updated Memorandum and Articles of Association by any 1 director** (only applicable for Pte Ltd Companies which do not maintain any borrowing account with DBS)
- For Professional Practices (Not Registered with ACRA)**
 - A copy of a confirmation from the relevant authority on the constitution of firm and name(s) of sole proprietor/ partners
 - Original letter stating equity partners & authorized signatures (for partnership only)
- SPRING Singapore Application Form** (for SPRING LEFS Loan applications only)
- Loan Insurance Scheme Application form** (for Trade requests under LIS only)
- Property Loan Statement of Accounts** from existing financier (s) for the past 6 months (for Property Re-Financing applications only)

SUPPORTING DOCUMENTS TO SUBMIT:

- Signed copy of **Sale & Purchase Agreement** or **Option to Purchase** for properties (for Property Financing applications only)
- Tenancy Agreement** for investment properties (for Property Financing applications only)
- Quotation / Pro-forma invoice / Sales contract (for Equipment Financing applications only)
- Debtor's Ageing list**
- Business Plan** for business with less than 2 years in operation
- Other supporting information of relevance to this application

IMPORTANT

- Appendix A** : To be completed for Property Financing/ Refinancing applications and/ or Financing secured against property
- Appendix B**: To be completed for Trade Financing applications
- Appendix C** : To be completed for Equipment/ Vehicle Financing application

Appendix A

PROPERTY DETAILS <i>(Complete this section if you are applying for Property Financing and/or Financing secured against property)</i>				
Please photocopy this page for your completion, if required.				
* Circle where applicable				
Address of Property to be financed:		Mortgagor's Name		NRIC/Passport/ Business Registration No.
Postal Code		1) _____	_____	_____
Purchase Price (S\$):		2) _____	_____	_____
Date of Purchase: (DD/MM/YYYY)		3) _____	_____	_____
		4) _____	_____	_____
Built-in Area: _____ *sq ft/ m ²	Land Area: _____ *sq ft/ m ²	Age of Property (In years):	Commenced Since/ Lease Start Date(DD/MM/YYYY):	
Property: <input type="checkbox"/> Completed <input type="checkbox"/> Under Construction (Expected TOP/ CSC Date: _____) <input type="checkbox"/> Completed property pending issuance of title		Tenure: <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold _____ years (subject to option to extend _____ years)		
Lessor: <input type="checkbox"/> JTC <input type="checkbox"/> HDB <input type="checkbox"/> Private <input type="checkbox"/> Private developer under JTC <input type="checkbox"/> Private developer under URA		Types of property to be mortgaged:		
Use of Property		<u>Residential:</u> <input type="checkbox"/> HDB <input type="checkbox"/> Condo/ Apartment <input type="checkbox"/> Landed		
Monthly Rental Income (S\$) (Existing/ Expected)*		<u>Commercial:</u> <input type="checkbox"/> Shop <input type="checkbox"/> Office		
<input type="checkbox"/> For Own Business Use	N.A.	<u>Industrial:</u> <input type="checkbox"/> Factory <input type="checkbox"/> Warehouse		
<input type="checkbox"/> For Own Business Use & Investment		Property mortgaged is pre-war and/or under conservation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Investment				
PROPERTY REFINANCING DETAILS <i>(Complete this section if you are refinancing your property from other financial institutions)</i>				
Name of Existing Financier/ Bank	Type of Facility	Outstanding Facilities (S\$)	Current Installment (S\$)	CPF - Used to date (S\$)
I/We confirm that the property does not fall under the following excluded transactions:				
i) Undervalued Transactions				
ii) Properties as gifts				
iii) Transactions with unfair preferences				
For Bank's Use Only				
Valuation Amount : _____				
Valuation Basis : Indicative / Desktop / Formal				
Name of Valuation Firm/ Valuer : _____				
Date of Valuation _____				

Appendix B

TRADE FINANCING DETAILS <i>(Complete this section if you are applying for Trade Financing)</i>								
Purpose of Trade Financing								
<input type="checkbox"/> For working capital <input type="checkbox"/> Others (please specify): _____								
Please provide details of Main Buyers								For Bank's Use Only
No.	Name	Location/ Country	Years of Relationship	% of Sales	Terms of Trade	Tenure (days)	Related Party	Acceptable?
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Please provide details of Main Suppliers								For Bank's Use Only
No.	Name	Location/ Country	Years of Relationship	% of Purchases	Terms of Trade	Tenure (days)	Related Party	Acceptable?
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
For Bank's Use Only								
Case is to be processed under <input type="checkbox"/> LIS <input type="checkbox"/> Non-LIS								

Appendix C

EQUIPMENT/ VEHICLE FINANCING (LEFS OR NON LEFS) <i>(Complete this section if you are applying for Equipment/ Vehicle Financing)</i>	
<i>Please photocopy this page for your completion, if required.</i>	
Equipment/ Vehicle	<input type="checkbox"/> New <input type="checkbox"/> Used (Age of equipment in years: _____)
If Equipment, please state type	<input type="checkbox"/> Construction Equipment <input type="checkbox"/> Precision Engineering Equipment <input type="checkbox"/> Printing Equipment <input type="checkbox"/> Plastic Injection Equipment <input type="checkbox"/> Material Handling Equipment <input type="checkbox"/> Others
Equipment Description	<u>Make/ Model</u> _____ <u>Year of Manufacture</u> _____
If Vehicle, please state type	<input type="checkbox"/> Light Commercial Vehicle (G & Y plate) <input type="checkbox"/> Heavy Commercial (P/ X/ W plate) <input type="checkbox"/> Passenger Vehicle
Vehicle Description	<u>Make/ Model</u> _____ <u>Year of Manufacture</u> _____
Supplier Name	<input type="checkbox"/> Local <input type="checkbox"/> Foreign
Purchase Price	
Purchase under LC	<input type="checkbox"/> Yes <input type="checkbox"/> No