

APPLICATION FORM

DOMESTIC FACTORING AND CONFIRMING FACILITIES

PRIVATE & CONFIDENTIAL

HEAD OFFICE : Lot 6.03, 6th Floor, Plaza Prima,
Bt. 4½, Jalan Kelang Lama,
58200 Kuala Lumpur.

TELEPHONE : 03-7981 3038 / 03-7981 3338

FACSIMILE : 03-7984 6358 / 03-7981 0283

(A) PARTICULARS OF APPLICANT

1. Name of Company:

2. Registered Address:

3. Business Address:

4. Telephone No:

5. Fax No:

6. Person/s To Contact:

7. Nature of Business:.....

8. Type of Company - Sole Proprietorship

- Partnership

- Registered Company

9. (a) Registration/Incorporation No

(b) Date of Registration/Incorporation:

10. Commencement of Business:.....(Years in Operation).

11. (a) Authorised Capital: RM

(b) Paid-Up Capital/Partnership Account: RM

12. Auditors/Accountants.

(a) Name of Firm:

(b) Name of Person In Charge:

(c) Address:

(d) Telephone No:

13. Shareholders/Directors/Partners/Proprietor

NAME	AGE	NRIC NO	DESIGNATION	RESIDENTIAL ADDRESS	VALUE OF SHARES
------	-----	---------	-------------	---------------------	-----------------

i)

ii)

iii)

iv)

v)

vi)

14. Names of Parent, Holding, Subsidiary, Associated or Related Companies.

NAME	ADDRESS	RELATIONSHIP
------	---------	--------------

i)

ii)

iii)

15. Previous and current relationship with MBf Leasing Sdn Bhd, MBf Factors Sdn Bhd or QBE-MBf Insurans Bhd.

(If yes, please furnish details)

.....

.....

16. Relationship with other Banks, Finance Companies, Leasing Companies, Factoring Companies, Confirming Houses.

NAME	BRANCH & A/C NO.	TYPE OF FACILITY	LIMIT	SECURITY
------	------------------	------------------	-------	----------

- i)
- ii)
- iii)
- iv)

17. Names of Persons other than Directors authorised to sign on behalf of the Company. (We would assume that all Directors are authorised signatories unless otherwise stated in writing to us)

NAME	POSITION	SPECIMEN SIGNATURE
------	----------	--------------------

.....

18. (a) Sales Analysis

Month and Year	Gross Credit Sales		Credits: Credit Notes, Returns & Claims		Collections
	No. of Invoices	Value (RM)	No. of Credit Notes	Value (RM)	
Jan 20					
Feb 20					
Mar 20					
Apr 20					
May 20					
Jun 20					
Jul 20					
Aug 20					
Sep 20					
Oct 20					
Nov 20					
Dec 20					
TOTAL					

- (b) Debtors' Balance Currently Outstanding RM
- (c) Projected Sales Turnover in Next 12 Months RM
- (d) Term of Sale (eg. Nett 60 Days):
- (e) Application for Payment Ceiling:

19. Overall Debtors Aging Analysis - Please furnish a separate list in the following format:-

Names of Customers	Total Out-standing RM	1 to 30 Days	30 to 60 Days	60 to 90 Days	90 to 120 Days	120 to 150 Days	150 to 180 Days	Over 180 Days

20. Analysis of all Suppliers/Creditors - Please furnish a separate Creditors Aging Analysis in the same format as item no.19 above.

(B) ADDITIONAL INFORMATION REQUIRED

1. Audited Financial Statements for the past three years. For new company, please furnish a copy of the feasibility study and projected financial forecast. Please enclose copies of Debtors' Ledgers for the factored customers.
2. Memorandum & Articles of Association and Forms 24, 44 and 49 (for Registered Company).
3. Copy of the Business Registration Certificate (for Proprietorship and Partnership).
4. Write-up on the Company and Management team's background and description of current responsibilities.
5. Sales brochures, technical brochures, descriptive material relating to your product or service.
6. Copies of bank statements (6 months) and bank offer letters evidencing facilities granted, including debenture, if any.
7. Sample copy of Invoice, Delivery Order, Credit Note, Official Receipt, Temporary Receipt, Contracts, Award Letters and/or Agreements.
8. Three years Income Tax Form J and photocopy NRIC of Directors/Partners/Sole-Proprietor.
9. List of Creditors' and Debtors' names, addresses, telephone nos. and contact persons.

I/We affirm that the above information and the documents furnished are true and correct and authorise you or your representatives to obtain information related to this application from any source. This application remains your property regardless of whether the facility is approved and you reserve the right to reject this application at your sole discretion without stating any reason.

Name :

Position :

Date :

Signature :

Company/Firm
Rubber stamp :