

Business Information Form

(A) Applicant background					
Registered company/Business name:				Registration date:	
				Registration no.:	
Registered address:					
Entity type: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited company <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Others (please specify): _____					
Business premises: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented, S\$ _____/month			Nature of business:		No. of employees:
Contact person:			Designation:		
Office no.: (Country) (Area)		Fax no.: (Country) (Area)		Mobile no.: (Country) (Area)	E-mail address:

(B) Facility requested					
Facility type		Amount		Security available <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Overdraft		S\$ _____		Types of security available	
<input type="checkbox"/> Business property finance		S\$ _____		<input type="checkbox"/> Deposit S\$ _____	
<input type="checkbox"/> New purchase		S\$ _____		<input type="checkbox"/> Banker's guarantee S\$ _____	
<input type="checkbox"/> Refinancing		S\$ _____		<input type="checkbox"/> Property Address: _____	
<input type="checkbox"/> Banker's guarantee		S\$ _____		<input type="checkbox"/> Commercial _____	
<input type="checkbox"/> Trade finance		S\$ _____		<input type="checkbox"/> Industrial _____	
<input type="checkbox"/> Import		S\$ _____		<input type="checkbox"/> Residential _____	
<input type="checkbox"/> Export		S\$ _____		Purchased in the name of:	
<input type="checkbox"/> Others: _____		S\$ _____		<input type="checkbox"/> Applicant	
<input type="checkbox"/> Foreign exchange (Spot/Forward option)		S\$ _____		<input type="checkbox"/> Third party (please specify): _____	
<input type="checkbox"/> Receivables finance		S\$ _____		<input type="checkbox"/> Corporate guarantee	
<input type="checkbox"/> Working Capital Term Loan:		S\$ _____		<input type="checkbox"/> Personal guarantee	
<input type="checkbox"/> Others (please specify):		S\$ _____		<input type="checkbox"/> Others (please specify): _____	

(C) Banking relationship					
1) Does the Applicant have an existing account with HSBC?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate country/account no.: _____					
2) Is HSBC the Applicant's main bank?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please indicate main banker: _____					
3) Total number of current bankers (including HSBC): _____					
4) Existing facilities with other banks					
Name of bank	Type of facility	Credit limit (S\$)	Security details/Amount	Monthly repayment (S\$)	Interest rate (%)

(D) Relationship with HSBC

- 1) Is the Applicant a subsidiary of any entity within the HSBC group of companies worldwide? Yes No
If yes, please provide details: _____
- 2) Are any of the Applicant's or any proposed guarantor's directors, partners, managers or agents a director or employee of HSBC? Yes No
If yes, please provide details: _____
- 3) Are any of the Applicant's or any proposed guarantor's directors, partners, managers or agents a relative/spouse of any HSBC's directors and employees? Yes No
If yes, please provide details: _____

(E) Business information**Top three suppliers**

Name	Amount of purchases (S\$)	Percentage of purchases (%)	Years of relationship	Products/ Services	Credit terms (days)	Mode of payment*	Related party (Yes/No)

Top three buyers

Name	Amount of sales (S\$)	Percentage of sales (%)	Years of relationship	Products/ Services	Credit terms (days)	Mode of payment*	Related party (Yes/No)

*Cash, cheque, direct interbank transfer/telegraphic transfer etc.

(F) Information of Principal(s)/Guarantor(s)**Principal/Director/Personal Guarantor[†] 1**

Name (Dr/Mr/Mrs/Ms/Mdm) [†] :		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (dd/mm/yyyy):	
Residential address:		Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
		Nationality:		Designation/Title:	
<input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' <input type="checkbox"/> Rented, S\$ _____/month					
Office no.: (Country) (Area)		Mobile no.: (Country) (Area)		Home no.: (Country) (Area)	
		E-mail address:			
Assets		Relevant business experience: _____ years			
Properties owned at current market value S\$ _____		Percentage of ownership: _____ %			
Quoted shares/securities, unit trusts, bonds at current market value S\$ _____					
Deposits with banks/financial institutions S\$ _____					
Total assets (A) S\$ _____					
Liabilities		Income			
Existing outstanding balances with banks/financial institutions/moneylenders (B) S\$ _____		Total monthly income (C)		S\$ _____	
Net worth (A – B) S\$ _____		Monthly repayment to banks/financial institutions (D)		S\$ _____	
		Net disposable monthly income (C – D)		S\$ _____	

[†]Please delete where applicable

Principal/Director/Personal Guarantor [†] 2					
Name (Dr/Mr/Mrs/Ms/Mdm) [†] :			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (dd/mm/yyyy):
Residential address: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' <input type="checkbox"/> Rented, S\$ _____/month			Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
			Nationality:		Designation/Title:
Office no.: (Country) (Area)		Mobile no.: (Country) (Area)		Home no.: (Country) (Area)	
				E-mail address:	
Assets			Relevant business experience: _____ years		
Properties owned at current market value S\$ _____			Percentage of ownership: _____ %		
Quoted shares/securities, unit trusts, bonds at current market value S\$ _____					
Deposits with banks/financial institutions S\$ _____					
Total assets (A) S\$ _____					
Liabilities			Income		
Existing outstanding balances with banks/financial institutions/moneylenders (B) S\$ _____			Total monthly income (C) S\$ _____		
Net worth (A – B) S\$ _____			Monthly repayment to banks/financial institutions (D) S\$ _____		
			Net disposable monthly income (C – D) S\$ _____		

Principal/Director/Personal Guarantor [†] 3					
Name (Dr/Mr/Mrs/Ms/Mdm) [†] :			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (dd/mm/yyyy):
Residential address: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' <input type="checkbox"/> Rented, S\$ _____/month			Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
			Nationality:		Designation/Title:
Office no.: (Country) (Area)		Mobile no.: (Country) (Area)		Home no.: (Country) (Area)	
				E-mail address:	
Assets			Relevant business experience: _____ years		
Properties owned at current market value S\$ _____			Percentage of ownership: _____ %		
Quoted shares/securities, unit trusts, bonds at current market value S\$ _____					
Deposits with banks/financial institutions S\$ _____					
Total assets (A) S\$ _____					
Liabilities			Income		
Existing outstanding balances with banks/financial institutions/moneylenders (B) S\$ _____			Total monthly income (C) S\$ _____		
Net worth (A – B) S\$ _____			Monthly repayment to banks/financial institutions (D) S\$ _____		
			Net disposable monthly income (C – D) S\$ _____		

[†]Please delete where applicable

Corporate Guarantor 1			
Registered company/Business name:			Registration date:
			Registration no.:
Registered address:			
Entity type: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited company <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Others (please specify): _____			
Contact person:		Designation:	
Office no.: (Country) (Area)		Fax no.: (Country) (Area)	
		Mobile no.: (Country) (Area)	
		E-mail address:	

Corporate Guarantor 2

Registered company/Business name:		Registration date:	
		Registration no.:	
Registered address:			
Entity type: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited company <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Others (please specify): _____			
Contact person:		Designation:	
Office no.:	Fax no.:	Mobile no.:	E-mail address:
(Country) (Area)	(Country) (Area)	(Country) (Area)	

(G) Declaration by Applicant

The Applicant declares that the information given in this form is correct and complete. The Applicant acknowledges that the information will be used for the above credit application and other purposes that The Hongkong and Shanghai Banking Corporation Limited ("the Bank") deems appropriate.

The Applicant hereby authorises the Bank and its officers to request for information relating to the Applicant from any credit bureau or agency, whether located in Singapore or not, and including but not limited to those approved or gazetted by the Monetary Authority of Singapore (each a "Credit Bureau"), and consent to any Credit Bureau disclosing information about the Applicant to the Bank and its officers to enable the Bank to assess the Applicant's credit worthiness as a borrower or surety.

The Applicant hereby further authorises the Bank and its officers to disclose any information relating to the Applicant as may be permitted under the Banking Act (Cap.19) to:

- (i) any Credit Bureau;
- (ii) any other member or subscriber of any Credit Bureau; and
- (iii) any other person to whom disclosure is permitted or required by any statutory provision or law.

This authorisation and consent shall be in addition to and shall not be in any way prejudiced or affected by any other agreement, express or implied, between the Bank and the Applicant.

The Applicant is fully aware that the application for credit facility is subject to the approval of the Bank.

Signature

Name:
Designation:
Date:

Signature

Name:
Designation:
Date:

(H) Consent and authorisation of Principal(s)/Director(s)/Personal Guarantor(s)

I hereby confirm that the information contained in Section F relating to me is correct and complete. I acknowledge that the information will be used for the above credit application by the Applicant or to evaluate the extension of any banking facilities to me. I further confirm that I will notify the Bank in writing of any material change in the information contained in Section F relating to me.

I hereby authorise the Bank and its officers to request for information relating to me from any Credit Bureau, and consent to any Credit Bureau disclosing information about me to the Bank and its officers to enable the Bank to assess my credit worthiness as a borrower or a surety.

I hereby further authorise the Bank and its officers to disclose any information relating to me as may be permitted under the Banking Act (Cap.19) to:

- (i) any Credit Bureau;
- (ii) any other member or subscriber of any Credit Bureau; and
- (iii) any other person to whom disclosure is permitted or required by any statutory provision or law.

This authorisation and consent shall be in addition to and shall not be in any way prejudiced or affected by any other agreement, express or implied, between the Bank and I.

By signing hereunder, we consent to The Hongkong and Shanghai Banking Corporation Limited, Singapore Branch ("HSBC"), its agents and authorised service providers as well as relevant third parties, collecting, using and disclosing the personal data which we may provide to HSBC from time to time in the course of our relationship and in connection with the products and/or services provided by HSBC to us, for purposes reasonably required by HSBC to provide the products and/or services which we may apply or request for.

These purposes are set out in HSBC's prevailing Data Protection Policy (as may be amended from time to time), which may be found on HSBC's website <http://www.hsbc.com.sg/1/2/miscellaneous/privacy-and-security>. I understand that I may request that the relevant section of the Data Protection Policy be provided to me for my perusal prior to signing.

I understand that the Data Protection Policy forms a part of the terms and conditions governing my relationship with you and should be read in conjunction with such terms and conditions. I confirm I have read and understood the Data Protection Policy.

Where the personal data I provide was/is collected by me or from third party sources, I confirm and agree that:

- (i) the relevant consents for the purposes notified in the Data Protection Policy have been procured by me from all relevant individuals to whom the personal data relates; and
- (ii) I will provide all relevant individuals with copies of the Data Protection Policy for their perusal.

Principal/Director/Personal Guarantor [†] 1:	Principal/Director/Personal Guarantor [†] 2:	Principal/Director/Personal Guarantor [†] 3:
Name:	Name:	Name:
NRIC no.:	NRIC no.:	NRIC no.:
Date of birth: (dd/mm/yyyy)	Date of birth: (dd/mm/yyyy)	Date of birth: (dd/mm/yyyy)
Designation:	Designation:	Designation:
Date:	Date:	Date:

[†]Please delete where applicable

(I) Document checklist

Please submit the following documents with your application form:

- Photocopy of NRIC (front and back) of guarantor(s)
- Bank and loan statements for the last 6 months from current bankers
- Audited/Certified accounts for the last 3 years and latest management accounts
- Debtors/Creditors Ageing List
- Certificate of Incorporation (for overseas incorporated companies)
- Partnership Agreement (if applicable)
- Sales and Purchase Agreement (for Business Property Financing only)