



**(C) PERSONAL PARTICULARS – PRINCIPAL 1 / GUARANTOR 1** \* Guarantor  Yes  No

Name as in NRIC or Passport (Dr / Mr / Mrs / Ms / Mdm\*):

NRIC / Passport no.:

Office no.:

Mobile no.:

Home no.:

Marital status:

 Single  Married  Divorced  Widowed

Highest qualification:

 Primary  Secondary  Certificate  Pre-University  Diploma  Degree  Masters & above  No Formal Education

Occupation:

 Company Director/Chief Executive  Proprietor/Merchant  Business Professional/Manager  Housewife/Retiree  
 Not-Employed  Secretarial/Admin/Fin/Marketing Exec  Other Professional

Name of Employer:

Office Address:

Length of Service:

 Self Employed

Postal Code:

Nature of Business:

Monthly Income: S\$

Residence:

 Owned  Mortgaged  Parents'  Others \_\_\_\_\_  
 Rented: S\$\_\_\_\_\_ (Per Month)

Name of Previous Employer (if less than 3 years with current):

Occupation:

Length of Service:

**For the below information,** Please refer to attached NRIC / Passport copy (with signature specimen), OR  Please refer to the particulars below

Gender:

 Male  Female

Date of birth (DDMMYYYY):

Race:

 Chinese  Malay  Indian  
 Others: \_\_\_\_\_

Nationality:

 Singaporean  Others: \_\_\_\_\_  
Singapore PR:  Yes  No

Residential Address:

Postal code:

**DETAILS OF FACILITIES WITH OTHER FINANCIAL INSTITUTIONS**

Type of Facility	Security Details/Amount S\$	Financial Institution	Credit Limit S\$	Monthly Instalment (S\$)		Outstanding Amount (S\$)
				CPF	Cash	

**PERSONAL PARTICULARS – PRINCIPAL 2 / GUARANTOR 2** \* Guarantor  Yes  No

Name as in NRIC or Passport (Dr / Mr / Mrs / Ms / Mdm\*):

NRIC / Passport no.:

Office no.:

Mobile no.:

Home no.:

Marital status:

 Single  Married  Divorced  Widowed

Highest qualification:

 Primary  Secondary  Certificate  Pre-University  Diploma  Degree  Masters & above  No Formal Education

Occupation:

 Company Director/Chief Executive  Proprietor/Merchant  Business Professional/Manager  Housewife/Retiree  
 Not-Employed  Secretarial/Admin/Fin/Marketing Exec  Other Professional

Name of Employer:

Office Address:

Length of Service:

 Self Employed

Postal Code:

Nature of Business:

Monthly Income: S\$

Residence:

 Owned  Mortgaged  Parents'  Others \_\_\_\_\_  
 Rented: S\$\_\_\_\_\_ (Per Month)

Name of Previous Employer (if less than 3 years with current):

Occupation:

Length of Service:

**For the below information,** Please refer to attached NRIC / Passport copy (with signature specimen), OR  Please refer to the particulars below

Gender:

 Male  Female

Date of birth (DDMMYYYY):

Race:

 Chinese  Malay  Indian  
 Others: \_\_\_\_\_

Nationality:

 Singaporean  Others: \_\_\_\_\_  
Singapore PR:  Yes  No

Residential Address:

Postal code:

**DETAILS OF FACILITIES WITH OTHER FINANCIAL INSTITUTIONS**

Type of Facility	Security Details/Amount S\$	Financial Institution	Credit Limit S\$	Monthly Instalment (S\$)		Outstanding Amount (S\$)
				CPF	Cash	

**PERSONAL PARTICULARS – PRINCIPAL 3 / GUARANTOR 3** \* Guarantor  Yes  No

Name as in NRIC or Passport (Dr / Mr / Mrs / Ms / Mdm*):			NRIC / Passport no.:		
Office no.:	Mobile no.:	Home no.:	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Highest qualification: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Certificate <input type="checkbox"/> Pre-University <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters & above <input type="checkbox"/> No Formal Education					
Occupation: <input type="checkbox"/> Company Director/Chief Executive <input type="checkbox"/> Proprietor/Merchant <input type="checkbox"/> Business Professional/Manager <input type="checkbox"/> Housewife/Retiree <input type="checkbox"/> Not-Employed <input type="checkbox"/> Secretarial/Admin/Fin/Marketing Exec <input type="checkbox"/> Other Professional					
Name of Employer:			Office Address:		
Length of Service: <input type="checkbox"/> Self Employed			Postal Code:		
Nature of Business:			Monthly Income: S\$		
Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' <input type="checkbox"/> Others _____ <input type="checkbox"/> Rented: S\$_____ (Per Month)			Name of Previous Employer (if less than 3 years with current):		
			Occupation:		
			Length of Service:		
<b>For the below information,</b> <input type="checkbox"/> Please refer to attached NRIC / Passport copy (with signature specimen), OR <input type="checkbox"/> Please refer to the particulars below					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (DDMMYYYY):		Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others: _____	
				Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Others: _____ Singapore PR: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residential Address:					
Postal code:					

**DETAILS OF FACILITIES WITH OTHER FINANCIAL INSTITUTIONS**

Type of Facility	Security Details/Amount S\$	Financial Institution	Credit Limit S\$	Monthly Instalment (S\$)		Outstanding Amount (S\$)
				CPF	Cash	

**PERSONAL PARTICULARS – PRINCIPAL 4 / GUARANTOR 4** \* Guarantor  Yes  No

Name as in NRIC or Passport (Dr / Mr / Mrs / Ms / Mdm*):			NRIC / Passport no.:		
Office no.:	Mobile no.:	Home no.:	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Highest qualification: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Certificate <input type="checkbox"/> Pre-University <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters & above <input type="checkbox"/> No Formal Education					
Occupation: <input type="checkbox"/> Company Director/Chief Executive <input type="checkbox"/> Proprietor/Merchant <input type="checkbox"/> Business Professional/Manager <input type="checkbox"/> Housewife/Retiree <input type="checkbox"/> Not-Employed <input type="checkbox"/> Secretarial/Admin/Fin/Marketing Exec <input type="checkbox"/> Other Professional					
Name of Employer:			Office Address:		
Length of Service: <input type="checkbox"/> Self Employed			Postal Code:		
Nature of Business:			Monthly Income: S\$		
Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' <input type="checkbox"/> Others _____ <input type="checkbox"/> Rented: S\$_____ (Per Month)			Name of Previous Employer (if less than 3 years with current):		
			Occupation:		
			Length of Service:		
<b>For the below information,</b> <input type="checkbox"/> Please refer to attached NRIC / Passport copy (with signature specimen), OR <input type="checkbox"/> Please refer to the particulars below					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (DDMMYYYY):		Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others: _____	
				Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Others: _____ Singapore PR: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residential Address:					
Postal code:					

**DETAILS OF FACILITIES WITH OTHER FINANCIAL INSTITUTIONS**

Type of Facility	Security Details/Amount S\$	Financial Institution	Credit Limit S\$	Monthly Instalment (S\$)		Outstanding Amount (S\$)
				CPF	Cash	

**(D) TRADE DETAILS**

List of Regular Customers	Country	% of Sales/Terms	Please tick if applicable for Draft Loan (Export)
1) _____			<input type="checkbox"/>
2) _____			<input type="checkbox"/>
3) _____			<input type="checkbox"/>
4) _____			<input type="checkbox"/>
5) _____			<input type="checkbox"/>
6) _____			<input type="checkbox"/>
7) _____			<input type="checkbox"/>
8) _____			<input type="checkbox"/>
9) _____			<input type="checkbox"/>
10) _____			<input type="checkbox"/>

List of Regular Suppliers	Country	% of Purchase/Terms	Please tick if applicable for Draft Loan (Import/Local LC)
1) _____			<input type="checkbox"/>
2) _____			<input type="checkbox"/>
3) _____			<input type="checkbox"/>
4) _____			<input type="checkbox"/>
5) _____			<input type="checkbox"/>
6) _____			<input type="checkbox"/>
7) _____			<input type="checkbox"/>
8) _____			<input type="checkbox"/>
9) _____			<input type="checkbox"/>
10) _____			<input type="checkbox"/>
11) _____			<input type="checkbox"/>
12) _____			<input type="checkbox"/>
13) _____			<input type="checkbox"/>
14) _____			<input type="checkbox"/>
15) _____			<input type="checkbox"/>

**(E) COLLATERAL TO BE PROVIDED**

*\* Please indicate Existing (E) or New (N) for the collateral provided.*

Singapore Dollars Fixed Deposit (Amount): \_\_\_\_\_

Deposit Registered Owner: \_\_\_\_\_

Structured Deposit (Currency and Amount): \_\_\_\_\_; Tenor \_\_\_\_\_

Deposit Registered Owner: \_\_\_\_\_

Banker's Guarantee Amount: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Corporate Guarantee: Name: \_\_\_\_\_; Reg. No.: \_\_\_\_\_

Property (Purchase Price / Estimated Value\*) \_\_\_\_\_

Address of Property: \_\_\_\_\_

\_\_\_\_\_

ACU Deposit (Currency and Amount): \_\_\_\_\_

Deposit Registered Owner: \_\_\_\_\_

Standby Letter of Credit (Currency and Amount): \_\_\_\_\_

Financial Institution : \_\_\_\_\_

Personal Guarantee

Others: \_\_\_\_\_



**DECLARATION**

I / We and severally:

1. Confirm that all information provided or which may subsequently be provided to the Bank by me / us is / will be true, accurate and complete at all times and I / we have not withheld any material information. I / We undertake to notify the Bank immediately of any change in such information.
2. Agree to disclose true copies of any financial statements and other documents as may be required by the Bank, which documents shall thereby become and remain the Bank's property regardless of the outcome of my / our application.
3. Authorize the Bank to conduct credit checks and verify information given in this application with any person / authority without prior reference to the Firm / Company and / or to me / us.
4. Expressly and irrevocably permit and authorize the Bank and the Bank's officers to disclose, reveal and divulge any and all information and particulars relating to and in connection with the Firm / Company and / or the Firm / Company's accounts with the Bank at any time to any party as the Bank may deem fit, including but not limited to the Credit Bureau or the relevant insurers who require such information or documents to access, effect or process the CPL shield (or anything in connection therewith). Without prejudice to the foregoing, where withdrawal of CPF funds is involved, I / we hereby authorize you to disclose to the CPF Board any information as may be required regarding this application.
5. Undertake to pay all fees, expenses and charges in connection with this application and agree that such fees, expenses and charges are not refundable whether or not the application herein is approved.
6. Declare that (i) I / we / are not bankrupt and no Statutory Demand has been served on me / us or the Firm / company and (ii) I / we / the Firm / Company is / are not insolvent and no dissolution or other proceedings of similar effect have been served on the Firm.
7. Acknowledge that the Bank has the absolute right to reject or approve the Firm's / Company's application without assigning any reason therefore.
8. Confirm that the buyers and suppliers applicable for draft loan (import / export) & / or Local LC listed under Trade Details are not related to the company.
9. Acknowledge and confirm that the Commercial & Industrial Property Loan Addendum Form (if any) completed and signed by each of the principal / Guarantors states in such addendum shall form part of and be incorporated into this application.
10. Declare that any funds and assets I/we place with the Bank, and any profits that they generate, will comply with the tax laws of the countries where I/we live or of which I/we am/are citizen(s) or which I/we am/are otherwise subject to.

**SOLE PROPRIETOR / PARTNERS\* / DIRECTOR / GUARANTOR / OF THE FIRM TO SIGN**

Principal / Guarantor 1*:  Name : Date:	Principal / Guarantor 2*:  Name : Date:	Principal / Guarantor 3*:  Name : Date:	Principal / Guarantor 4*:  Name : Date:
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**FOR BANK USE**

Valuation S\$	Expected Monthly Rental Income S\$	Valuer / Firm	Date Valued
Total CPL Shield Premium 1: S\$	Total CPL Shield Premium 2: S\$	CPL Shield Finance Amount: S\$	CPL Shield Finance Tenor:(yrs)

**APPENDIX – TRADE EXCEPTIONS**

Please fill in this section if you are requesting for Trade Exceptions.

Trade exceptions requested:

- 3<sup>rd</sup> Country Shipment
- Insurance covered by ultimate Buyer (usually 3<sup>rd</sup> party shipment)
- Bank does not have title (ie not to order of OCBC Bank) or Bank has no control of goods (ie full set of documents)
- Consignee of BL "to order"
- Forwarder Cargo Receipt or Charter Party Bill of Lading or Rail transport document or Delivery order (for local delivery) is allowed.
- AWB consigned to 3<sup>rd</sup> party/applicant ((usually for 3<sup>rd</sup> party shipment or for perishables)
- Delivery order made out to order of applicant (For local LC only)
- Documents called for (in LC) to be issued by applicant

Please complete the following questionnaires and indicate the reason(s) / justifications for request (s):

1. Is there any 3<sup>rd</sup> country shipment? E.g. shipment from country X to country Z, without coming to Singapore  
 Yes                       No  
 If yes, from \_\_\_\_\_(country) to \_\_\_\_\_(country).
  
2. If yes, who covers the insurance?  
 Seller                       Ultimate Buyer
  
3. If it is Ultimate Buyer, what is the country of shipment and the name of the insurance company?  
 \_\_\_\_\_
  
4. What is the transport mode for the purchase of goods?  
 Sea                       Air                       Local Delivery
  
5. What type of transport document is required?  
 Is there any requirement for Forwarder Cargo Receipt, Charter Party Bill of Lading, Delivery order? [Note : these documents are not deemed as transport documents to OCBC.]  
 \_\_\_\_\_
  
6. Does Bank has title or has control of goods? If not, why?  
 \_\_\_\_\_
  
7. Is there any circumstance there would be requirement for Bill of Lading to be made out to order or full set of bill of lading or Airway Bill not channelled to Bank?  
 Yes                       No  
 If yes, when and why? \_\_\_\_\_
  
8. Other exception: Is there any other trade exception?  
 \_\_\_\_\_

BDM /AM Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_